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ABSTRACT

This module is one of 13 in the "Grow to 5" series, which is a revised and updated version of Florida's "Model of Interdisciplinary Training for Children with Handicaps (MITCH)." This 3-hour module focuses on training educators and other service providers in principles of family functioning and coping with stress. The module begins with presentation guidelines including: the goals and objectives of the module, a list of equipment and supplies needed for training, a list of other recommended instructors, a list of other resources that may enhance the presentation, and material needed for any special activities. This section is followed by a training script divided into 3 1-hour blocks, appendixes, and a list of references. Appendices include reproducible forms, reproducible handouts (in English and Spanish), and an optional 6-week follow-up activity (in both English and Spanish). (Contains 24 references.) (DB)

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GROW TO 5

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From the Florida Department of Education...

Grow to 5 Module L

Family Functioning:
Understanding Families and Helping Them Cope

Florida Department of Education
Division of Public Schools and Community Education
Bureau of Instructional Support and Community Services
2001

Bureau of Instructional Support and Community Services

Shan Goff, Chief

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Grow to 5 Module L

Family Functioning:
Understanding Families and Helping Them Cope

Grow to 5 module by
Lynne Katz, Ph.D.
2001

Original *MITCH* module by
Cindi Coffland, M.S.
1990

Carole Fox Abbott, Ph.D., & Carmy Greenwood, M.A., eds.

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PREFACE

Background of *MITCH* and *Grow to 5*

Grow to 5 is a revised and updated version of Florida's popular series, the *Model of Interdisciplinary Training for Children with Handicaps (MITCH)*. Although two *MITCH* modules have been deleted from this series and two new modules have been added, *Grow to 5* is really not a new series; much about it will be familiar to *MITCH* users.

Grow to 5—like *MITCH*—was developed to assist Florida school districts in providing interdisciplinary training and resources to families, degreed and nondegreed early childhood educators, and health care providers and other related service personnel who work with young children, including children with disabilities. However, while *MITCH* emphasized children ages birth to three years, *Grow to 5* addresses the needs of children ages birth to five years.

Development of the *MITCH* modules was funded beginning in 1988 by a grant to the Florida Diagnostic and Learning Resources System (FDLRS)/South Associate Center from the Florida Department of Education, Bureau of Education for Exceptional Students (now the Bureau of Instructional Support and Community Services). *MITCH* included 13 training modules written by professionals from various disciplines, including early childhood education, exceptional student education, nursing, psychology, occupational and physical therapy, speech and language therapy, nutrition, and social work. Topics of the modules and the goals and objectives they address were identified through a literature search, interviews, and letters of inquiry and needs assessments sent to more than 600 people throughout Florida.

Moving from *MITCH* to *Grow to 5*

The *MITCH* modules have been used extensively in Florida since 1990. In 1998, with the demand for information and training for educators of infants, toddlers, and preschool children stronger than ever, the Florida Department of Education's Bureau of Instructional Support and Community Services, through its funded project the Institute for Small and Rural Districts, began the process of revising and updating the modules to carry them into the new century. The fundamental purpose and structure of the series remains, but users should be aware of the following developments:

- The modules' content has been expanded to include more developmental information about children ages three to five. While *MITCH* focused on children ages birth to three, *Grow to 5* targets the whole age range from birth to five years. (The material is also meaningful to caregivers of children who are chronologically older but who are functioning within the birth to five year developmental range.) The new series name and logo reflect this change.

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- The new modules emphasize more strongly the similarities among children and the characteristics common to effective caregiving for all young children—those who have disabilities and those who do not. While *MITCH focused* on serving children with disabilities, *Grow to 5* emphasizes developmentally appropriate practice and normal development as the means for working with all young children, *including* those who have disabilities or delays and those who are at-risk.

- The new modules include updated technology applications.

- The new modules reflect the findings of recent developmental and medical research.

- The new modules take into account state and federal statutes and rules that have been implemented during the 1990s, especially the 1997 Amendments to the Individuals with Disabilities Education Act.

- To avoid confusion with the *MITCH* modules, *Grow to 5*'s modules are lettered, rather than numbered. The modules are also now in a different sequence.

- *Grow to 5*'s Six-Week Follow-up Activities are for use at the discretion of the trainer and/or local training agency. However, the Certificate of Completion included in each module is intended to be awarded *only* to those participants who attend all three hours of training *and* complete the Six-Week Follow-Up Activity.

- Additional, updated references and resources have been added.

- The following *MITCH* modules have been deleted from the new series, *Grow to 5*:

  - *MITCH Module 5—Listening and Sensory Integration: What to Do before Speech and Language Develop*

  - *MITCH Module 13—Interventions for Children at Risk Due to Substance Exposure: Dealing with the Myth of Cocaine*

- *MITCH* module material—including some from the two deleted *MITCH* modules—may appear in a different sequence in *Grow to 5*, or in a different module.

- *Grow to 5* will include two new modules:

  - *MITCH Module H—Social and Emotional Development: Building the Child's Foundation*

  - *MITCH Module M—Transition: Easing the Way*

- Spanish translations of the handouts are included in each module, as opposed to being published in separate booklets, as they were with MITCH.

Acknowledgments

Module L—Family Functioning: Understanding Families and Helping Them Cope was reviewed by the following content experts:

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Miami, FL

User's Guide

Content of the Series

The *Grow to 5* series consists of 13 modules. The training manual for each module includes a complete script, instructions for activities, a resource list, and the reproducible handouts (in both English and Spanish) that an instructor will need to present that module. For some modules, a videotape is available to supplement the written material. Each module can be used independently, and the modules may be presented in any order, since no module provides prerequisite material for another. The modules are

- *Module A—The Education and Caregiving Environment: Planning an Effective Program*
- *Module B—Working Together: Communication Skills for Families, Early Childhood Educators, and Other Professionals*
- *Module C—Health Care: Infection Control, Medication Administration, and Seizure Management*
- *Module D—Nutrition and Feeding Practices: What You Need to Know*
- *Module E—Intellectual Development: What You Can Do to Help*
- *Module F—Speech and Language Development: From Birth to Five*
- *Module G—Motor Development: What You Need to Know*
- *Module H—Social and Emotional Development: Building the Child's Foundation*
- *Module I—Behavior Management: Preventing and Dealing with Problem Behavior*
- *Module J—The Child Who Seems Different: Meeting Special Needs*
- *Module K—Visual Impairment: What You Need to Know*
- *Module L—Family Functioning: Understanding Families and Helping Them Cope*
- *Module M—Transition: Easing the Way*

The series also includes three booklets. (The text of the booklets is not included in each training module, as it was in *MITCH*.)

- *Welcome to the World: An Overview of Your Growing Child*, which may be used with *Modules A, E, F, G, H, J, K*
- *A Simple Introduction to Physical and Health Impairments*, designed for use with *Module J*
- *Nutrition for Children with Special Health Care Needs*, provided to accompany *Module D*

Spanish versions of the three booklets listed above are also available:

- *Bienvenido al Mundo: Resumen del Crecimiento de su Niño*, which can be used with *Modules A, E, F, G, H, J, K*
- *Una Introducción Sencilla a los Impedimentos Fisicos y de Salud*, designed for use with *Module J*
- *Nutrición para Niños con Necesidades Especiales de Salud*, provided to accompany *Module D*

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The printed *Grow to 5* materials, including the booklets, may be reproduced for training purposes within the state of Florida. Instructors and training agencies may reproduce the booklets for participants or obtain copies by contacting the Clearinghouse Information Center at the address listed on the inside front cover of this document. Please allow at least one month for processing before training begins.

Instructor Qualifications

Unless otherwise stated, the *Grow to 5* modules are designed to be presented by qualified and credentialed instructors in fields such as early childhood education, early childhood special education, special education, child development, psychology, home economics, and nursing. Practitioners of disciplines such as speech/language pathology, physical therapy, occupational therapy, and nutrition may be asked to present specific modules. **A licensed physician, pharmacist, or nurse must present hour 2 of *Module C—Health Care*.**

Role of the Instructor

Although the modules do contain scripts, instructors are encouraged to enhance them with their own style, personality, anecdotes, information, handouts, references, and resources. Likewise, it is expected that instructors will tailor the material to the needs, interests, and level of the participants. The best presentations are those specifically designed for the participants by an instructor who knows their needs. Instructors should plan for adequate time to become familiar with the material and tailor it to the needs of each specific audience.

Instructors may choose among the lecture, discussion, and activity segments provided to meet the needs of the group. For example, if all modules are scheduled for presentation within a relatively short period of time for the same group of participants, it may be most effective to choose among the activities to offer variety, since several modules share similar activities.

Successful training relies heavily upon the instructor's approach. Suggestions include

- allowing for introductions of participants
- accepting and acknowledging interaction from all participants
- preventing any individual from monopolizing the conversation
- paraphrasing questions and responses from the participants loudly enough for all participants to hear
- creating a comfortable atmosphere (including light, temperature, tables, chairs)
- summarizing the content of each session before closing

The audience for this training may include persons with a broad range of backgrounds, including those who work exclusively with children who have special needs, those who have in their care only children who do not have recognized special needs, and those who work in environments that include children with and without special needs. Instructors should assist all caregivers in becoming more comfortable with

- providing developmentally appropriate programs in a safe and nurturing environment
- recognizing signs that indicate a child may be at risk or have special needs
- working with children with special needs
- securing additional support and assistance in working with children with special needs

It is important to emphasize to participants that children are more alike than different. Keeping all children in the most natural environment should be a major goal for caregivers.

Time Schedule for Training

Each module is designed to be presented in three hours. A module may be presented in a single three-hour session with a 15-minute break, or in three one-hour sessions.

Estimates of presentation time for specific segments or activities within each hour are provided in the left hand column of the training script. However, instructors may choose to expand on one or more of these segments while shortening others.

Videotapes

Videotapes supplemented the presentation of several *MITCH* modules. The tapes provided valuable information for instructors and participants. These videotapes—along with some new selections—are included in each module's list of Resources for Instructors and Participants and are generally still available for loan from local associate centers of the Florida Diagnostic and Learning Resources System (FDLRS) and the Clearinghouse Information Center (at the address listed on the inside front cover of this manual). The list of Resources for Instructors and Participants is part of the Specific Information section of each module.

Additionally, two new videotapes have been identified for possible use with the *Grow to 5* series, as determined by the instructor. They are available at local FDLRS associate centers and from the Clearinghouse Information Center (at the address listed on the inside front cover of this manual). The two new videotapes are described below:

- *I Am Your Child: The First Years Last Forever* uses brain research as a basis for providing information to parents on bonding and attachment, communication, health and nutrition, discipline, self-esteem, child care, and self-awareness. (English and Spanish versions are available. (29 minutes)

- *Ten Things Every Child Needs* describes how early experiences influence brain development and uses simple everyday language to explain the 10 things every child needs: interaction, touch, a stable relationship, a safe healthy environment, self-esteem, quality child care, communication, play, music, and reading. (60 minutes)

Time for viewing videotapes has not been included in the time allotments suggested in the scripts. Instructors may wish to substitute all or part of a videotape for written material in the module, extend the three-hour time period, show a videotape at another session, or leave a videotape with the participants to watch as a follow-up activity. In some modules, a videotape is an integral part of the Six-Week Follow-Up Activity and will need to be made available to participants if they are required to complete the Six-Week Follow-Up Activity. (See the Specific Information section of each module for more information.)

Videotapes may **not** be duplicated without the written consent of the producer.

Theme Music

Original theme music was written for use with the *MITCH* modules. Instructors used this lively music to begin and end training sessions and to indicate breaks. To borrow an audiotape of the music, contact the local FDLRS associate center or the Clearinghouse Information Center at the address listed on this inside front cover of this document.

Content of Each Module

Specific Information on Presenting the Module

Each module begins with a section of specific information on presenting the module. This includes the following:

- the goals and objectives of the module
- a list of equipment and supplies needed for training
- a list of other recommended instructors
- a list of other resources that may enhance presentation of the training
- material needed for any special activities that are part of the module

This section is followed by a training script divided into three one-hour blocks, appendixes A through D, and a list of references.

Hour-by-Hour Script

The script that guides presentation of the training is broken into three hour-long segments. The script for each hour is preceded by a list of the goals and objectives for that hour of training. The script itself includes Lecture/Discussion elements and Activities. The Lecture/Discussion elements include some paragraphs set in italic type that the instructor may read or paraphrase to present content information. (These elements begin with the words "Say" or "Ask.") Interspersed with these spoken portions are indications of other actions for the instructor to take, such as "Summarize the following points" or "Have the participants do the following activity." Note that the script has been written using direct address—all directions and suggestions in the script are addressed to the instructor.

The left column of the script indicates the time allotted to present each segment and conduct each activity. This column also includes references to particular handouts/overhead transparencies that may be referred to or displayed at a particular point in the script. (See below: Appendix B: Reproducible Handouts.)

Appendix A: Reproducible Forms

Appendix A includes the following reproducible materials:

- lists of steps instructors may take to prepare to present the module and administer the optional Six-Week Follow-Up Activity
- space for instructors to take notes related to presentation of the module
- an advertising flier for use in publicizing the training
- a participant sign-in sheet to track participants' attendance and their completion of the optional Six-Week Follow-Up Activity (Although the *MITCH* training structure included formal record-keeping, reporting, and certification components, at this time there is no plan for such tracking of *Grow to 5* participants. Any such activities are voluntary and the prerogative of the local training agency.)
- a mailer for participants to remind them to complete and return the optional Six-Week Follow-Up Activity
- a certificate of completion (Only those participants who attend all three hours of training *and* successfully complete the Six-Week Follow-Up Activity are eligible to receive a *Grow to 5* Certificate of Completion. However, instructors and training agencies may develop other forms of recognition for other levels of completion, such as attendance at all three hours of training without completion of the follow-up activity.)

Appendix B: Reproducible Handouts

The three booklets mentioned above, *Welcome to the World: An Overview of Your Growing Child, A Simple Introduction to Physical and Health Impairments,* and *Nutrition for Children with Special Health Care Needs* may be provided to participants as handouts.

Additionally, appendix B of each module includes reproducible handouts designed to accompany presentation of that specific module. Some of these handouts would make effective overhead transparencies—especially those that include only a few important words in large type. Each handout is labeled with a three-part code in the lower left corner. The first part refers to the module; the second part refers to the hour of the module; the third part is the number of the handout itself. For example, Handout B-2-3 is the third handout to be used during the second hour of *Module B*.

Instructors should consider the background and interests of the participants when deciding which materials to reproduce as handouts, as overhead transparencies, or as both. Of course, instructors may supplement these with handouts or other materials of their own design.

Appendix C: Reproducible Handouts in Spanish

Appendix C contains Spanish versions of the handouts found in appendix B.

Appendix D: Optional Six-Week Follow-Up Activity

The Six-Week Follow-Up Activity found in appendix D of each module is designed to help participants reflect on what they have learned and generalize it to their daily work with young children. Whether or not to request or require participants to complete the follow-up activity is the decision of each trainer and/or training agency.

If the instructor and training agency elect to require the follow-up activity, the instructor should explain the activity at the end of the module presentation and explain the criteria that will be used to evaluate the participants' work. It is important that participants know how to get any clarification they need and how they can return the completed activity to the instructor.

Three to four weeks after presenting the training module, the instructor should contact all participants to remind them to submit their Six-Week Follow-Up Activity. Appendix A includes a sample reminder notice.

The instructor should review and evaluate the quality of each participant's completed Six-Week Follow-Up Activity and return it to the participant with feedback. The instructor should prepare and give a certificate of completion (found in appendix A) to each participant whose performance meets the established criteria.

Appendix D: Optional Six-Week Follow-Up Activity in Spanish

A Spanish version of the Six-Week Follow-Up Activity is also provided in this appendix.

Specific Information for Presenting Module L

Goals and Objectives

Goal for Hour 1: Participants will gain knowledge of how a family functions.

Objective—Participants will gain an understanding of

- the impact of family structure on a family system
- the different ways families make decisions, resolve conflicts, and solve problems
- how caregivers can support families who are trying to make decisions, resolve conflicts, and solve problems
- how families develop over time

Goal for Hour 2: Participants will gain knowledge of how stress affects family functioning.

Objective—Participants will gain an understanding of

- how stress may affect family development
- stages parents go through in accepting their child's disability
- stress factors that affect individual family members
- factors that may play a role in child abuse, including stress
- signs of possible child abuse

Goal for Hour 3: Participants will gain knowledge of strategies for coping with stress.

Objective—Participants will gain an understanding of

- how caregivers can support families under stress
- how caregivers can support parents and siblings of children with disabilities
- how caregivers can minimize stress for children in the education and caregiving environment

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Equipment and Supplies

- Overhead projector and screen
- Chalk
- Crayons or markers
- Overhead (transparency) pens
- Chalkboard or chart paper
- Extension cord
- 3-prong/2-prong adapter plug
- Masking tape
- Transparent tape
- Thumb tacks
- Extra pencils for participants
- Chart paper and markers for group activity
- Scissors
- five 8 1/2 x 11 inch sheets of heavy paper, each having one of the following terms written on it: "only child," "oldest child," "middle child," "youngest child," "twin" (hour 1)
- optional: aromatherapy candles and peaceful background music (hour 3)
- optional: books about children with special needs, children dealing with stress, and children dealing with abuse (hour 3)

Videotape

No videotape accompanies this module. However, the video that accompanied MITCH Module 4 is still available from the Clearinghouse Information Center and from many of the FDLRS associate centers. This videotape, *Parent to Parent*, presents several families sharing thoughts and feelings about the birth of a child with disabilities and the importance of having emotional support and information available. A videotape of this nature may help participants to empathize with families.

Other Recommended Instructors

Because of the topic of this three-hour module, the agency offering this training may wish to contact other persons within its local area who are willing to assist in training, such as

- social worker
- family member of a child with a disability or a representative of a family advocacy group
- primary service coordinator
- psychologist
- family counselor

Resources for Instructors and Participants

Books and Other Materials

Black Entertainment Television. (1998). Grandparent caregivers: Parenting the second time around (Johnson, Director). In Ward (Producer), *Our voices*. Washington, DC: Author.

Blackman, J. A. (ed.). (1995). *Working with families in early intervention*. Gaithersburg, MD: Aspen.

Chalfie, D. (1994). *Going it alone: A closer look at grandparents parenting grandchildren*. Washington, DC: American Association of Retired Persons.

Channing L. Bete Co. (1997). *About raising a child with a disability*. South Deerfield, MA: Author.

Children's Defense Fund. (1997). *Yearbook*. Author: Washington, DC.

Harms, T., & Cryer, D. (1989). *Raising America's children: Coping with stress* [video]. Chapel Hill, NC: University of North Carolina Center for Public Television.

Klein, S. D., Schleifer, M. J. (eds.). (1993). *It isn't fair: Siblings of children with disabilities*. Westport, CN: Exceptional Parent Press.

Kubler-Ross, E. (1969). *On death and dying*. New York: Macmillan Collier.

Lewis, R., & Smith, J. (1996). *Fighting fair for families: Trainer's implementation manual*. (1996). Miami: Peace Education Foundation.

Lobato, D. J. (1990). *Brothers, sisters, and special needs*. Baltimore, MD: Paul H. Brookes.

Meyer, D. (ed.). (1997). *Views from our shoes: Growing up with a brother or sister with special needs*. Bethesda, MD: Woodbine House.

Miller, N. B., et al. (1994). *Nobody's perfect: Living & growing with children who have special needs*. Baltimore, MD: Paul H. Brookes.

Moses, K. (1991). *Relating to parents of the disabled* [audiotape]. Evanston, IL: Resources Network.

Moses, K. (1988). *Lost dreams of growth: Parents' concerns* [video]. Evanston, IL: Resources Network.

Schmidt, F., & Friedman, A. (1994). *Fighting fair for families*. Miami: Peace Education Foundation.

Sulloway, F. (1997). *Born to rebel: Birth order, family dynamics, and creative lives.* New York: Pantheon (Random House).

Szapocznik, J., & Kurtines, W. (1993). Family psychology and cultural diversity. *American Psychologist, 48* (4), 400–407.

Virginia Institute for Developmental Disabilities. (n.d.). *Parent to parent* [video]. Richmond, VA: Author.

Membership and Subscription Information

Family Network on Disabilities of Florida—support, information, and advocacy for families of people with disabilities
2735 Whitney Road
Clearwater, FL 33760
Toll-free: 1-800-825-5736
727-523-1130
e-mail: fnd@fndfl.org
website: www.naples.net

Family Voices—national organization for the health care of children with special health needs
900 N. Franklin, Suite 401
Chicago, IL 60610
e-mail: famv01rw@wonder.em.cdc.gov

National Parent to Parent—support, information, and advocacy for families of people with disabilities
P.O. Box 907
Blue Ridge, GA 30513
Toll-free: 1-800-651-1151
706-374-3822
e-mail: nppsis@ellijay.com

Exceptional Parent magazine for families of children with disabilities or other special needs
P.O. Box 2078
Marion, OH 43305-2178
Toll-free: 1-877-372-7368
website: www.eparent.com

Hour 1 Script

Goal: **Participants will gain knowledge of how a family functions.**

Objective—*Participants will gain an understanding of*

- **the impact of family structure on a family system**
- **the different ways families make decisions, resolve conflicts, and solve problems**
- **how caregivers can support families who are trying to make decisions, resolve conflicts, and solve problems**
- **how families develop over time**

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5 minutes

Greeting, Sign-In, Distribution of Handouts

Greet participants and ask them to sign in.

Hour 1 Session Begins

15 minutes

Lecture/Discussion: Family Structure

Say: *In this three-hour module, we are going to consider our partnership with the families of young children. First, we'll talk about the things all families have in common. From there we can consider how to help meet the unique needs of particular families.*

Understanding how families function and how to work effectively with families is essential for early childhood educators and caregivers. It is also important for us to know how family functioning can change when a family faces additional stress, such as when a child has a disability or special need.

Picture, if you will, a wind chime moving in the breeze. Picture yourself touching just one of the chimes gently and then letting it go. Watch how it affects the other chimes as they gently collide, making new sounds and then causing other parts of the chime to vibrate. This is how a family functions. Movements by any single member cause a ripple effect on the family system. Both positive and negative events cause the family to change and eventually to establish a new balance.

During this three-hour module, we will discuss

- *how families work*
- *how stress can affect families*
- *the connection between stress and abuse*

- *how caregivers can share coping strategies with families of children who have disabilities, and*

- *how caregivers can lessen the stress children experience in the education and caregiving environment*

We're going to begin by examining three aspects of the family system. You'll find them listed on ***Handout L-1-1****.*

Handout L-1-1

Refer participants to **Handout L-1-1** as you review the three aspects of the family system.

Say: *The* ***structure of the family*** *refers to elements such as the number of adults and children in the family, birth order, gender, and the impact of cultural factors.*

First, let's consider the composition of the family unit. Let's list as many family combinations of adults and children as we can think of.

Record all ideas from the group on a flip chart, chalkboard, or transparency. It should be obvious from this exercise that there is no one typical family composition; rather, there are many configurations, for example:

C=Child	M=Mother
F=Father	FM=Foster mother
FF=Foster father	A=Aunt
GM=Grandmother	GF=Grandfather
SM=Stepmother	SF=Stepfather

M-SF-C	M-F-C-C	M-C	F-C-C
GM-GF-C	FM-FF-C-C	A-C	SM-C

Say: *As we can see, there really is no one* ***typical*** *family and, of course, there is no one* ***best*** *kind of family. But there are increasing risk factors associated with certain family constellations. For example, the mother and child structure is often associated with economic stress, isolation, and related risks. Even when both parents provide support for their child, problem solving and decision making can be more stressful for*

parents who are separated or divorced. However, when appropriate adult-child interactions take place, and when families have the resources and support they need, any of these family units can give a child what the child needs.

Ask: *Are there any members of the extended family that we have not already mentioned?*

Ask participants for other examples. Ask if any of these configurations reflects their own family system.

Say: *Cultural differences may also affect family structure and, therefore, how the family functions.*

Ask: *Can you give some examples of this?*

Lead a brief discussion to include the points below, but discourage stereotyping by pointing out that cultures are not monolithic. (E.g., one Haitian family's experiences are not going to be the same as those of another Haitian family.)

- Some cultures (e.g., Haitians and Hispanics) stress extended family arrangements in which grandparents or other relatives live with or are very involved in the care of their children's children and other children such as nieces and nephews.

- Some cultures (e.g., Anglo-American) stress independence between generations. Grandparents seldom live with their own children and are less involved with daily childcare responsibilities. They participate when asked but are not the key decision makers in the lives of their children's children.

- Some cultures (e.g., African-American) have a history of strong matriarchal leadership. Grandmothers often head families and grandchildren live with them, either with or without their parents. These matriarchs tend to be the decision makers for the family.

Say: *Regardless of culture, relatives are sometimes asked to care for young children because of difficulties faced by parents who cannot adequately care for their children due to substance abuse, domestic violence,*

criminality, homelessness, or the impact of AIDS or other illnesses. Circumstances vary and so does the amount of help needed by relatives who step in to care for young children. By providing information about child development and by modeling appropriate adult-child interactions, early childhood educators can become perfect partners for these extended families.

Each family brings its own history, strengths, and needs to child rearing. Instead of buying into stereotypes about particular types of families, get to know the individual family. Ask family members what support they need, then help them find that support by linking them with other families, organizations such as those for single parents or parents of children with special needs, or others who can help them feel less isolated.

10 minutes

Activity: Birth Order

Say: *In addition to family composition and cultural factors, birth order is also an important element of family structure. To explore this, I'm going to ask you to break up into five groups. Please find the sign that best represents your place in your family structure.*

Place the five signs made earlier in five different areas of the room. Ask participants to divide into groups representing *only child, oldest child, youngest child, middle child,* and *twin.* Ask each group to choose someone to be the recorder.

Say: *If you are the recorder, your job is to jot down two or three descriptive words or phrases that tell how each member of the group views himself or herself and two or three phrases that reflect how that person's family describes that person. For example, you might write "show off," "good student," "baby," "always reliable," and so on.*

After five minutes, ask the participants to come back together and report on how they felt about their particular position in the family. See if the people in each group (same birth order) share feelings that differ from the feelings of people in the other groups.

Say: *Just as each family is unique, each person in the family has a unique history, individual needs, and special talents. One way in which members of the same family are different is their birth order. Kevin Leman has written a book in which he points out that there is a tendency for first borns, last borns, middle borns, and only children to share characteristics with others of their birth order. Let me summarize what Lehman says:*

- *The oldest child tends to be a perfectionist, reliable, conscientious, organized, critical, scholarly, and serious.*
- *The middle child is likely to be the mediator, avoids conflict, is independent, is loyal to his or her peer group, and is a maverick.*
- *The youngest child is charming, blames others, shows off, is precocious, is outgoing, and gets along well with other people.*
- *Children with no siblings tend to have a combination of traits of both the first and the last born. Often they seem "adult-like."*

Ask: *We don't know what Kevin Leman thinks about twins. What would you say?*

Give participants a few minutes to respond.

Say: *Although some researchers disagree with these specifics, we do know that children—and adults, for that matter—bring a variety of feelings with them to our education and care settings. By realizing this, we can relate better to our co-workers and to the families we serve.*

10 minutes

Lecture/Discussion: Family Function and Dynamics

Handout L-1-1

Say: *The second aspect of family systems is function and dynamics. This relates to how the family gets things done—how decisions are made, conflicts are resolved, and problems are solved.*

In many families, the roles of each family member are quite clearly defined, even if the family members are not consciously aware of it. Very often, the same family member does the same tasks or has the same responsibilities every day. Partly because they play these somewhat fixed roles, family members may begin to respond in predictable ways to certain situations. Family members then come to expect these same responses from each other.

When changes occur or when one family member responds in an unexpected way, conflicts may arise. Conflicts may also occur when family members have different opinions about important concerns such as child-rearing methods. This can be especially true of families in which the parents are separated or divorced or in which parents and grandparents share caregiving responsibilities. Conflicts may also be more likely to arise when the family is under stress and has difficult decisions to make or complex problems to solve, such as those involved in meeting the needs of a child with a disability.

Some families handle this by allowing one family member to make decisions for the whole family. In other family systems, the whole family meets to discuss the problem and all members are given an equal voice in the solution or decision.

It is safe to say that most families function somewhere between these two extremes most of the time. One adult may make the decisions when it comes to financial matters, and a different adult may make most of the child-rearing decisions, for example. Or family members may negotiate or informally take turns making important decisions. In some families, two or more family members make independent decisions

without letting other family members share in the decision making, which can sometimes lead to several conflicting decisions being made. This may occur, for example, in separated or divorced families, but it also occurs in other family systems.

Ask: *Some families make no decision at all. In a way, making no decision really is a decision. Why?*

Allow participants to respond, then summarize responses.

Handout L-1-2

Ask: *Look at **Handout L-1-2**. How are decisions made in your family:*

- *about money?*
- *about jobs?*
- *about decorating the house?*
- *about what to have for dinner?*
- *about the boundaries set for children's behavior?*

Write responses on chart paper, chalk board, or transparency, or have participants write on their paper. Point out that the type of decision may influence how the decision is made or who makes it.

15 minutes

Activity: Family Decision Making

Say: *How families make decisions can affect our partnership with them. Let's imagine a situation.*

A child in your care is showing delays in reaching developmental milestones and is having trouble keeping up with other children of the same age. The director thinks this child should have a developmental evaluation. You and the director make a presentation of the facts to the family. Let's consider how the decision about whether to pursue the evaluation would be made by

- *a family that has one dominant decision-maker*
- *a family whose members make decisions together*
- *a family that cannot deal with decision making at all, and*
- *a family in which two or more adults make independent decisions about the same issue*

Ask participants to divide into four teams, one for each family decision-making style described below. Ask each team to write down the advantages and disadvantages of that family decision-making style. Also ask the teams to discuss how that decision-making style might affect the education and caregiving personnel in the scenario and what they can do to support the family during the decision-making process. After five minutes, have teams report to the whole group.

- ***A dominant decision-maker*** might say "yes" or "no" without asking for input from other family members. The decision may or may not be based on the best interests of all family members or grounded in the facts. An advantage of this system is often efficiency—decisions are made and they are made relatively quickly. So it will probably be easy for education and caregiving personnel to get a decision from this family. However, if the dominant decision maker is accustomed to ignoring the counsel of others, that person may be inclined to ignore the advice of education and caregiving personnel as well. Education and caregiving personnel will want to make it clear that they are available to provide information to the family if it is asked for. It is also important that education and caregiving personnel not judge this type of family, even if the education and caregiving personnel prefer more democratic decision-making methods.

- ***Family members who make decisions together*** could be expected to discuss issues and try to reach consensus. Again, the decision may be based on fact, or it may be based on feelings or beliefs. An advantage of this style may be that once a decision is made, the family members all support it and work wholeheartedly to implement it. A possible difficulty with this style is that if family mem-

bers have widely divergent viewpoints, it may be difficult for them to reach agreement. So caregivers may find that this family takes longer to reach a decision. In some families, all family members share their opinions, but the final decision is made by one or more adult family members, which can be more efficient. Education and caregiving personnel will want to be patient and to offer to provide. However, if it seems to be taking too long for the family to reach a decision, it may be possible to encourage a decision by outlining the alternatives and suggesting a reasonable deadline by which the family needs to choose between the alternatives.

- ***A family that cannot deal with decision making*** would avoid making a decision. This may be frustrating for education and caregiving personnel, who might be tempted to drop the issue and do nothing. However, the better path might be to encourage a decision by outlining the alternatives and suggesting a reasonable deadline by which the family needs to choose between the alternatives. The key is to be supportive and patient and to offer as much information as possible.

- ***A family in which two or more adults make independent decisions*** might arrive at conflicting decisions. Education and caregiving personnel may hear one decision from one person and a different decision from another person and not know which direction to go in. Again, they may be tempted to just drop the whole thing. However, the better path might be to encourage a unified decision by providing information to both adults involved, explaining the difficulties posed by having two conflicting decisions, giving the adults opportunities to work together to resolve the conflict, and stressing the best interests of the child. Again, the key is to be supportive and patient and to offer as much information as possible.

Remind participants that although methods of decision-making based on fact and reason may seem preferable, other methods of decision-making will often be used, some based on cultural practices or religious beliefs. These can be very functional for a family. Note that caregivers should not be judgmental, but rather should try to reach common goals through understanding and patience.

5 minutes

Lecture/Discussion: Getting Help with Problems

Say: *Finally, let's look at how families get help in coping with problems.*

Most families look to immediate family members, extended family, clergy, and friends first. Many families do not seek outside help until the problem is extreme. So, when a child in your care has a problem you feel needs professional attention, the family may be unwilling or very slow to get that help. They may need time and support from people they trust before they are ready to take that step. We can help by being patient and by building a trusting relationship with the family.

Ask: *How else can we as educators and caregivers help families who are trying to solve problems or make decisions?*

Handout L-1-3

Lead a discussion to include the strategies listed below. Then refer participants to **Handout L-1-3** and briefly review the strategies listed there.

- Understand that family members may need time to act.
- Provide emotional support and encouragement.
- Provide information.
- Encourage families to hold family meetings to discuss important issues.
- Encourage families to attend meetings of support groups addressing common concerns; help families locate such groups.
- Communicate often with notes, a newsletter, and one-to-one talks with families.
- Be an interested listener. (*Grow to 5 Module B—Working Together: Communication Skills for Families, Early Childhood Educators, and Other Professionals* focuses on communication skills, including effective listening.)

- Be ready to let families know where they can get help.
- When more than one family is involved, work with, communicate with, and support both families.

Handout L-2-3

Point out that the phone number of the Florida Directory of Early Childhood Services (Central Directory) appears on **Handout L-2-3**. The Central Directory provides information on resources and programs for families of children with special needs. Also provide contact information for local mental health and family counseling centers, the Florida Diagnostic and Learning Resources System (FDLRS) associate centers, and other local organizations that provide support to parents.

5 minutes

Lecture/Discussion: Family Development

Handout L-1-1

Say: *Our final topic for this hour is family development—how a family changes over time. Families go through several stages, including*

- *the childbearing years—when children are being born*
- *the child-rearing years—when children are being raised*
- *the launching of adult children period—when children go away to college, take jobs, or get married and when parents reevaluate their lives, and*
- *the later years—when children are grown and may have their own children and the original parents may be grandparents or retired*

According to research (Bailey & Simeonsson, 1988), *families tend to be pulled together across generations during the periods of childbearing, child rearing, and grandparenthood.*

At other times, forces may tend to pull family members apart. These times are adolescence, mid-life reevaluation, and caring for older parents.

We work with families during the childbearing and child-rearing years—when they should be closest. However, societal and family problems may bring havoc to even these periods. Couples break up and must find new ways to relate to each other and share parenting responsibilities. Grandparents who were looking forward to retirement may now find themselves raising young children. Some children grow up in foster care homes away from all relatives. Families who have children with disabilities or special needs may face intense caregiving demands even though their children are no longer very young.

So family development is uniquely different for each family. As educators and caregivers, we must be sensitive to the concerns of all our families, regardless of their circumstances. Everything we've talked about in this first hour, like family dynamics and family development, can be affected by the stress a family faces. In the next hour, we will talk about how stress affects families.

Ask: *Are there any questions?*

End of Hour 1: Closing

HOUR 2 SCRIPT

Goal: **Participants will gain knowledge of how stress affects family functioning.**

Objective—*Participants will gain an understanding of*

- **stages parents go through in accepting their child's disability**
- **factors that cause stress for families**
- **the connection between stress and child abuse**
- **signs of possible child abuse**

Greeting, Sign In, and Distribution of Handouts

Hour 2 Session Begins

15 minutes

Lecture/Discussion: Stages in Accepting That a Child Has a Disability

Say: *Later in this hour, we are going to talk about how stress may affect any family. But we are going to begin by discussing the particular stresses faced by families of children with disabilities or other special needs.*

As educators and caregivers, we want to help ease the stress these families experience, but we may be sure how to do that. It may be helpful to know that families pass through a series of stages in the process of coming to terms with having a child with a disability and dealing constructively with the challenges they faces.

These stages were first identified by Elisabeth Kubler-Ross, who studied the way people deal with the loss of a loved one. She suggested they go through certain stages, one after the other. In many ways, parents of children with disabilities have also experienced a loss—the loss of the hoped-for, so called "normal" child. When parents find out that their child has limitations and needs special help, they often go through stages that are very similar to the ones Kubler-Ross identified. These stages are outlined on ***Handout L-2-1****. The handout talks about parents, but the same stages may be experienced by anyone caring for the child, whether it is a parent, grandparent, or other person.*

Handout L-2-1

Ask participants to reflect (to themselves or aloud) on a loss they've experienced. What emotions did they feel? How did these feelings change over time? Then review the stages outlined on **Handout L-2-1** and described in the following pages.

✓ **Shock, Denial, and Disbelief**

Say: *As you look at the stages described on the handout, you'll understand that some of these stages are likely to be very stressful. The first stage is marked by feelings of shock, denial, and disbelief. Denial is refusal to believe there is a problem, even if family members have long suspected it. They hope the problem will just go away or they don't believe what they are being told about their child. During the denial stage, family members may try to explain away the problem. They also may feel shame or guilt or may believe they are to blame for the child's disability.*

Ask: *What can educators and caregivers do to help a family that is going through this stage?*

Give participants a brief opportunity to respond.

Say: *The most important thing we can do is listen in an open and caring manner when family members talk about their fears and feelings. We may also be able to reassure families that their feelings are normal and that we are here to work with them and with their child.*

✓ **Anger and Resentment**

Say: *The next stage involves anger and resentment. During this stage, families may get angry about small things. They may take that anger out on us, on doctors, and on everyone who is trying to provide support. At this time, especially, families may hang their hopes on small bits of information. For example, if a parent asks the doctor if children ever recover from their child's problem, the doctor may reply that some children have improved, but that improvement is very unlikely. The parent may then pick up on only the positive thought, not facing the reality of the situation. At the same time, the family may be asking the question, "Why did this happen to us?" Family members may blame each other for the child's condition.*

As we interact with family members during these stressful times, we need to listen. We do not have to agree or disagree, or even give advice. We also must be prepared not to take their anger personally. We need to reassure families that we care for them and accept them and their children as they are. We can also reaffirm that we want to work with the family toward their goals.

✓ **Bargaining**

Say: *During the next stage in this emotional process, the bargaining stage, families may throw themselves completely into the care of their child. They may feel, "if I work hard and do everything the teacher, the social worker, or the doctor says, then my child's problems will go away and everything will be all right." They may attempt to bargain with doctors, caregivers, and God to heal their child.*

Families must be given time to travel through this stage, too. Once again, as caregivers we should just listen.

✓ **Depression and Discouragement**

Say: *At this stage the family may be looking for help and may be ready to respond to suggestions made by educational, medical, and social service personnel. This stage may be characterized by feelings of helplessness and hopelessness—and a very real fear for the future. If the family finds out that the child's disability affects the child's ability to learn, they worry about what will happen as the child goes through school. They may also worry about whether the child will ever become an independent adult. Parents of children with behavior problems may worry about what will happen during the teen years. Parents of children with severe disabilities may wonder who will take care of their child after their own deaths.*

Information about support groups, counseling, and resources may be especially helpful at this time. We should be sure we are ready to provide that information when it is wanted.

✓ **Acceptance, Action, and Adjustment**

Say: *After passing through the previous stages, families come to realize that something positive can be done. They are able to see the child as a child and begin to adjust their own life-styles to accommodate the child's special needs. Family members learn new techniques to help the child and may be more accepting of information about resources to help them. They realize that acceptance does not mean giving up hope or high expectations.*

This is the time for us to praise progress and encourage realistic plans and expectations. It is important for us to be knowledgeable about what the child can do and how we can work successfully with the child.

We have talked about these stages as if they were neat and defined, but they're really not. Families of children with special needs have acknowledged experiencing these feelings, but emphasize that each family's path to acceptance is unique. Families also say that they frequently go from one stage to another and back again. They may go through all the stages one time in the sequence we've discussed, or they may return to certain stages over and over again as their child grows and reaches the age when other children reach milestones such as walking, talking, learning to read, going out alone with friends, driving a car, getting a job, or living independently. Adjusting to a child's disability can be a lifelong process.

10 minutes

Activity: Recognizing Stages and Offering Support to Ease Stress

Say: *We are going to break up into small groups. Each group will be assigned a short scenario to read and discuss. Please use the chart on* ***Handout L-2-1*** *to help you decide what stage the family's behavior may be indicative of.*

Handout L-2-1

Handout L-2-2

Refer participants to **Handout L-2-1** and **Handout L-2-2**. Divide participants into small groups. Assign one scenario to each group or ask each group to work on all three scenarios. After five minutes, ask each group to report back to the large group with its findings. The report should focus on how group members arrived at their decision, as well as on their actual response. Discuss similarities and differences in their thinking when appropriate. Below are some possible responses; encourage participants to offer various explanations so the analysis is not over simplified. During the group discussion, also address how education and caregiving personnel can support the family member.

✓ **Scenario 1**

Stage: Nicole's grandmother *may* be displaying denial and disbelief. Nicole was not enrolled in an early intervention program or even taken for an evaluation.

Support: Caregivers can respond by listening, focusing on working with the child together, affirming the child's strengths, and gently directing the family to the Early Intervention Program (EIP) office and other sources of information.

(Provide telephone number of the local EIP and refer participants to **Handout L-2-3**.)

Handout L-2-3

✓ **Scenario 2**

Stage: Carmella's mother *may* be displaying bargaining behavior.

Support: Caregivers can respond by listening, showing care and acceptance, and directing the family to developmentally appropriate activities to do with

Carmella. Carmella may need to be referred to Child Find through the local FDLRS office.

(Provide telephone number of the local FDLRS associate center and refer participants to **Handout L-2-3**.)

Handout L-2-3

✓ **Scenario 3**

Stage: Quan's father *may* be displaying anger and resentment.

Support: Caregivers can respond by listening, directing the family to sources of information, accepting the parents' feelings, and not becoming defensive. They may work with the family on developing an appropriate behavioral intervention program and on making a proper referral.

Say: *So far, we have talked mostly about the parents of children with disabilities. However, it is also important to consider the reactions of other family members. For example, brothers or sisters of a child with special needs may be in your caregiving setting. These children also need a support system.*

In hour 3 we will talk about how to support siblings of children with special needs and other children under stress.

10 minutes

Activity: Stress Is for Everybody

Say: *Now we are going to talk about how stress affects the family and its members. Even positive events such as getting married, getting a promotion, or pursuing an education can cause stress. However, today we will be talking about what most of us think of as stress—the mental and emotional tension and strain we feel when faced with loss, disappointment, discouragement, and other negative circumstances.*

Pair the participants, making sure that everyone has a partner. Have participants take turns relating difficulties they may have getting to work on time or problems they may have had in getting to this training session. Have participants return to the large group and mention some of the difficulties they discussed. Typical statements might be like the following:

- I had to come directly from work and have not had time to eat.
- My ride was late.
- Johnny couldn't find his shoe and we were running late in getting him to the baby-sitter.
- I didn't know the easiest way to get here.

Point out that things often do not go smoothly and that we often feel rushed and stressed. Children feel those same kinds of stress and come to school with concerns and frustrations. Children with disabilities or special needs and their families may face even more of these stress.

Say: *We need to be aware of the concerns and frustrations children, families, and other professionals face and we must try to lessen those stresses whenever possible. Sometimes, just openly recognizing that there are particular stresses in a person's life helps everyone involved. It can also help to talk about the stress we feel.*

Ask: *Did it help you feel less stressed when you talked about your problem just now?*

10 minutes

Lecture/Discussion: Stress Faced by Families

Say: *Earlier, we talked about times in a family's life when family members tend to be brought together and other times when they tend to be pulled apart. As we said, families are often pulled together during the childbearing and child-rearing years. However, even under the best circumstances, giving birth and raising young children changes the dynamics of a family forever. New parents face lack of sleep, extra demands on family finances, and the challenges of learning about caring for a child. If the parents lack the financial resources needed to care for the child or are not emotionally ready to be parents, they may have trouble creating a positive family situation. Stress may become a serious problem for that family. Likewise, when the child is ill or has a disability, stress may increase and make it very difficult for the family to function—especially at some of the stages we talked about earlier. In fact, there is a particularly high rate of divorce among parents of children with disabilities.*

Handout L-2-4

***Handout L-2-4** lists some factors that may contribute to the stress experienced by families.*

Review Handout L-2-4.

- *One factor is the temperament and behavioral characteristics of the child—For example, if the child has a difficult temperament, the caregivers may feel upset and helpless because the child may be constantly crying and fussing. A child with a calm temperament would not place that same stress on family members.*

- *Another factor is caregiving demands—If the child needs constant care, such as is the case with a premature baby who needs to feed very often, the parents are at-risk of becoming overtired, frustrated, and anxious. Similarly, for children who are developing slowly or who have special needs, the family may become frustrated when the child takes longer to learn or to become more independent in skills like using the potty.*

- *The family's level of psychological functioning is a factor—The family that communicates and works together well may be better able to deal with problems and meet the needs of their child than is one in which family members are scattered, disorganized, and antagonistic toward each other.*

- *The handout also mentions the family's financial resources—Lack of money creates lots of stress. More often than not, caregivers find themselves having to work outside the home in order to meet even basic financial needs. Of course, then the family must pay for child care. Issues related to medical coverage, food stamps, subsidized housing, and the like put more stress on the family. Finances become even more strained if the child has special needs and requires costly therapies, treatments, or medications.*

- *Support from extended family, community, and professionals is another important factor—We have already discussed the importance of the extended family. When family members have the support of a larger family system or the support of friends, they do not feel as isolated. Some extended families willingly step in to help or to care for a family member's child; others reject the child and family. Sometimes caregivers, religious organizations, and professionals can help fill the void for people who do not have family support systems.*

- *The availability of programs for the child and the family is also relevant—Support groups and educational programs help families feel that they are part of a larger community and that they are not alone. Support groups can be especially important for the families of children with disabilities or special needs, who may find comfort in knowing that other families face similar challenges.*

Handout L-2-3

Refer participants to **Handout L-2-3**. Emphasize the stress created by isolation and the importance of helping parents become less isolated. Supply the phone number of local parent groups, including groups for families of children with

special needs. (For local contact information, call the state Family Network on Disabilities office at 1-800-825-5736.)

Ask: *Can you think of other factors that may cause stress?*

Discuss responses, which may include things such as lack of support from employers when family issues affect job attendance or performance, and the stress experienced by immigrant families due to being separated from extended family members and facing cultural and linguistic barriers in their new environment.

15 minutes

Lecture/Discussion: The Connection between Stress and Abuse

Say: *We also must remember that stress may affect the behavior of family members.*

Ask: *What happens when stress becomes too much for a family member?*

Listen to participants' responses.

Say: *We know that child abuse is a very real possibility. Stress appears to be a common denominator in the explanation of abusive behavior. It is easy for the average person to become abusive when under stress.* ***Handout L-2-5*** *lists stressful situations that may contribute to abuse.*

Handout L-2-5

Ask: *Can you think of other situations that create the level of stress that may lead to abuse?*

Write participants' responses on chalkboard, chart paper, or transparency. Possible responses may include being very isolated, not having access to child care, and losing health insurance.

Say: *We tend to see ourselves reflected in our children's strengths and weaknesses; their successes and failures affect us deeply. Data show that certain characteristics of a child put that child at greater risk of being abused. Those characteristics are listed on* ***Handout L-2-6****. As we look at these characteristics, however, it is impor-*

Handout L-2-6

*tant to absolutely understand that **the child is not the cause** of the abuse—**the child is the victim**.*

Briefly review the characteristics listed on **Handout L-2-6**.

Say: *So we know that children, including those with special needs, are vulnerable to abuse. But how do we know if a particular child may be a victim? There are signs we can look for in children that may indicate they are being abused. Let's make a list of signs of possible abuse.*

Lead a discussion to include the indicators below. List participants responses on chalkboard, chart paper, or transparency.

- They may appear lethargic and depressed, or they may be aggressive and highly active.
- Their parents may talk about them as not meeting their adult expectations.
- They may have welts, burns, bruises, or untreated sores. Often they wear long sleeves to hide them.
- Their injuries may seem to be treated inadequately.
- They may show evidence of overall poor care.
- They may be given inappropriate food, drink, or medication.
- They may exhibit a sudden change in behavior.
- They may be very often late or absent from school. They may be absent for long periods of time.
- They may appear fearful or withdrawn. They may cringe from touch.

Handouts L-2-7a and L-2-7b

Say: ***Handouts L-2-7a** and **L-2-7b** provide a detailed list of possible signs of abuse. It is important to remember that **some children who exhibit these signs are not abused**. However, when we pair our knowledge of stressful situations with possible signs of abuse, we*

Handout L-2-8

may suspect that a child is being abused. As professionals, we are ***required*** *to report our suspicions. Florida has a toll-free number that can be called at any time to report suspected abuse. It is 1-800-96-ABUSE (1-800-962-2873). The number appears on* ***Handout L-2-8****. The Florida Abuse Hotline staff speak both English and Spanish.*

Ask: *What is your center's policy for reporting suspected abuse?*

Some centers prefer to have the director make the phone call. Suggest to participants that if their center does not have a policy, they should discuss the situation with the center director or other staff members, but that it is up to each participant as an individual to make that telephone call or be sure that it is made. While it may not be an easy thing to do, remember that the welfare of the child must be the primary concern. Mandatory reporters such as child care workers will be asked to give their name when they report suspected abuse, but their name will be kept confidential.

Summary

Say: *We have looked at some stressors that affect families, including those that may affect the family of a child with a disability or other special needs. In the next hour, we will discuss some ways to reduce stress for adults and children.*

End of Hour 2: Closing

HOUR 3 SCRIPT

Goal: **Participants will gain knowledge of strategies for coping with stress.**

Objective—*Participants will gain an understanding of*

- **how caregivers can support families under stress**
- **how caregivers can support parents and siblings of children with disabilities**
- **how caregivers can minimize stress for children in the education and caregiving environment**

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Greeting, Sign In, and Distribution of Handouts

Note: To demonstrate how to create a relaxing environment that can reduce stress, you may want to have some aromatherapy candles lighted and peaceful music playing in the background. (Check to be sure none of the participants has a chemical sensitivity before using scented candles.)

Hour 3 Session Begins

10 minutes

Activity: Map Your Support System

Say: *In the last hour we talked about the dangers of stress to families and individuals. In this hour we'll consider how we can become part of a support system for adults and children who are under stress.*

Ask: *What do I mean by the term "support system"? And why is it important for us to have a support system when we are under stress?*

Accept answers that develop the idea that a support system is a network of family, friends, and other people with whom we can talk openly and honestly about our feelings. These are people who don't judge us, who are "on our side," who "understand," who "care about us no matter what," and who "always have time for us." When people are under stress, they may withdraw from friends—and in some cases friends may withdraw from them. But isolation only compounds the stress, while the support of friends and others is crucial in helping us manage stress and perhaps even create something positive out of the stressful situation.

Handout L-3-1

Say: *Let's take a moment to look at our own support systems. Please fill in the answers to the questions on* ***Handout L-3-1****. Feel free to write in more than one person's name in each blank if you like.*

Give participants a few minutes to complete **Handout L-3-1**. Ask a few participants to volunteer to share their responses and to talk about why this particular person and relationship is important to them.

Alternative activity: Give participants a blank sheet of paper and encourage them to draw a graphic or map of their support system guided by the questions on **Handout L-3-1**. Then ask a few participants to volunteer to discuss what they have drawn and how it reflects their relationships.

20 minutes

Lecture/Discussion: Supporting Families of Children with Disabilities

Say: *All the things we've said about stress and about the need for a support system also apply to families of children with disabilities. But for them there are some additional stresses, as we have seen. The birth of any baby requires an emotional adjustment as family members' joy over the new arrival is accompanied by lack of sleep, job-related concerns, and other stresses. However, the family can look forward to things getting easier as the child grows and becomes more independent. But having a child with a disability can present a continuing stress. In fact, the stress may even increase as the child gets older.*

Also, society knows how to respond to stress that everyone experiences at one time or another—such as the illness or death of a family member. There are rituals that help us get through such times—and we are comforted by knowing that many others have faced the same difficulty.

But it is easy for families of children with disabilities to feel isolated. When a child has a serious disability, family members are often responsible for caring for that child 24 hours a day, every day, year after year. Only parents of other children with disabilities can know what an effort it takes to live normally. Shopping, attending meetings, car pooling, taking children to the doctor, and so on may become extraordinarily difficult when you must somehow squeeze in the special care of a child with a disability.

These families may also face the stress of having to make frequent and difficult decisions such as whether to agree to a particular treatment or what kind of education and caregiving setting to place their child

in. The adults in the family may have to find time for many appointments with doctors and therapists and may be faced with unusual financial burdens. Families in this situation need understanding and support. It is important for us as educators and caregivers to establish a close working relationship with all our families. Once we're sure that families feel comfortable with us, we can explore how we may offer practical help to those families who want it.

We discussed in hour 2 the fact that children with disabilities or special needs are more likely to be abused. We also discussed the connection between stress and abuse. By helping adult family members manage their stress, we can help their children as well.

One way for families of children with disabilities or special needs to manage their stress is to gain confidence in their parenting skills and in their ability to help their child. As part of that acceptance stage we talked about earlier, we see that many families focus on learning as much as they can and on taking an active role in the education and care of their child.

Ask: *What are some steps parents of children with disabilities or special needs may want to take to increase their knowledge and parenting skills?*

Lead a discussion that includes the following:

- learn effective methods for teaching, responding to, and interacting with their child
- ask other families about their experiences
- ask questions of professionals
- learn effective behavior-management techniques
- learn effective stress-management techniques
- become an expert on their child's abilities and disabilities

- keep records on their child's medical and education history
- look into research and new programs that are being conducted
- discuss problems, plans, and solutions

Say: *Really, aren't these steps that can help any family, not just families of children with disabilities or special needs? And these are all areas in which knowledgeable educators and caregivers can provide help and information at the right time. How do we know what specific kinds of help we can provide to a family? Well, the* ***easiest way is to ask the family members****.*

Handouts L-3-2a and L-3-2b

Handouts L-3-2a *and* ***b*** *suggest some specific ways caregivers can support all families, including families of children with disabilities or special needs.*

Review **Handouts L-3-2a and L-3-2b.**

Say: *There is another way we can help families of children with special needs, in particular. For many of these families, the cost of care is a major concern. Help is available to ease the financial burden, but some families are so wrapped up in dealing with daily difficulties that they do not have time to research their options. However, as an educator and caregiver, you can be sure* ***you*** *are familiar with sources of help in your community and be ready to provide information when families ask for it—and even when they don't know to ask for it.*

Ask: *What are some sources of financial help or free services for families of children with disabilities and special needs?*

List a few of the options below on chalkboard, flip chart, or transparency and ask participants to add to the list.

- Financial help: Social Security, Veterans Administration, Medicare, Medicaid, insurance (including Florida KidCare)

- Free services: early intervention programs for children with disabilities or developmental delays (ages birth to two); school district programs for children with disabilities (age three and older); nonprofit organizations such as United Cerebral Palsy, Easter Seals, The ARC of Florida

Say: *Parents of children with disabilities may also struggle with emotional and physical strain. They may need to learn specific coping strategies if they are to stay healthy—and be able to help their child as much as possible.* ***Handout L-3-3*** *lists coping strategies that may be useful to parents of children with disabilities. You may want to share this list with families who need it and offer your support in helping family members use these coping strategies.*

Handout L-3-3

Emphasize to participants that they should avoid sounding patronizing when discussing these strategies with families. Remind participants that not all families will, for example, feel they have "lost" anything or feel any guilt.

10 minutes

Lecture/Discussion: Supporting Siblings of Children with Special Needs

Say: *When a family has a child with special needs, sometimes the brothers and sisters of that child feel left out or neglected. They may feel that there is not time for them anymore. In Katharine Kersey's book* Helping Your Child Handle Stress, *there is an activity aimed at siblings that can be adjusted to fit most age groups. The questions were devised to stimulate conversation between family members and to open up discussions about topics that are difficult to talk about. You may want to share this with families in your education and caregiving center or adapt it for your own use.*

Remember, it is important to work with both families in cases of parental separation or divorce.

Handout L-3-4

Refer participants to **Handout L-3-4**.

Say: *Meaningful relationships with adults are very important to the mental health of children. Every child needs to have at least one adult who thinks that the child is wonderful—who cares what happens to the child and who gives freely of time and energy to the child. Having this kind of relationship with an adult may be even more important for the siblings of children with special needs and other children in stressful situations. We may be able fill such a role in the life of a child by doing some simple things, like*

- *making time for conversation with the child and allowing the child to talk about problems and try problem-solving techniques*
- *providing time for the child to play with many groups*
- *helping the child use systematic relaxation techniques such as deep breathing*
- *sharing quiet times with the child, and*
- *modeling successful coping strategies ,*

We can also help other adults provide this support to the child.

It is important and reassuring to note that when children are exposed to people with special needs early in life, they often develop a sensitivity that lasts a lifetime. Many children who have lived with someone who has special needs choose to enter a helping profession such as medicine, social work, counseling, or teaching.

10 minutes

Lecture/Discussion: Reducing Stress in the Education and Caregiving Environment

Say: *Of course it's not only siblings of children with special needs who face stress. Any young child may be confronted with life-changing events that we know cause high levels of stress. Even relatively commonplace events such as changing caregivers may cause a lot of stress for a young child. We can reduce the stress levels of the children in our care and we can help the children develop strategies to cope with stress for themselves. In order to do this, though, we must first be able to recognize when children are having trouble dealing with their situations.* ***Handout L-3-5*** *lists some signs of stress in young children.*

Handout L-3-5

Lead a discussion about signs of stress in children, including those listed on **Handout L-3-5**. Ask participants to suggest additional signs. Write them on the chalkboard, chart paper, or transparency.

Say: *Even when children are not showing particular signs of stress, we will want to make sure our education and caregiving setting works to prevent and reduce the children's stress. We can do this by setting expectations and offering activities that are developmentally appropriate for our young children. Let's talk about them.*

Handout L-3-6

Refer participants to **Handout L-3-6**. Lead a brief discussion about developmentally appropriate practices in the education and caregiving setting that can keep the experience positive for young children. Refer participants to the information presented in *Grow to 5 Module A: The Education and Caregiving Environment* and suggest they take that training.

10 minutes

Activity: Equipment and Routines That Can Help Reduce Stress in the Childcare Setting

Say: *Choosing the right equipment and setting up appropriate routines in the education and caregiving setting can also help create a healthy, less stressful environment for children.* ***Handout L-3-7*** *lists some of these measures. Please take a moment to complete* ***Handout L-3-7****.*

Handout L-3-7

Go through the list on **Handout L-3-7** and ask participants to show by raising their hands which of the measures they use in their center. Record how many hands are raised for each item. After going through the list, note which measures are taken most often and which are used less often. Ask participants to reflect on why some particular measures might be more or less used. (For example, steps like installing insulation can be expensive so they may be less likely to be done; however, practices like communicating one-to-one each day with each child can be done without setting up a formal system—and they're free!)

If time permits, ask the group to go back through the list on **Handout L-3-7** and briefly discuss how to implement each strategy.

5 minutes

Activity: Books

If time permits, show and discuss books relating to children with special needs, children dealing with stress, and children dealing with child abuse that would be suitable for classroom use. One of the follow-up activities requires participants to accumulate a library or find sources of books to be used with children and parents. It might be appropriate to give ideas about where such books are available. Contact the local FDLRS center or public library for book suggestions.

End of Hour 3: Closing

Ask participants to express what in this training has been most helpful to them.

Handout L-2-3

Say: *Before we go, I want to remind you of the resources available in Florida that may be helpful to you or to families. Please share* ***Handout L-2-3*** *with families and other caregivers.*

Explanation of Optional Six-Week Follow-Up Activity

Give participants the phone number at which you can be reached should they have questions about the follow-up activity.

Appendix A: Reproducible Forms

Form	Number of Copies to Make
• Instructor's Preparation and Follow-Through)	• 1 per instructor
• Instructor's Notes for Training	• 1 per instructor
• Advertising Flier	• As needed
• Participant Sign-In Sheet	• Varies depending on number of participants
• Follow-Up Mailer	• 1 per participant if you are using the optional Six-Week Follow-Up Activity
• Certificate of Completion	• 1 per participant who attends all three hours of training and completes the Six-Week Follow-Up Activity

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Instructor's Preparation and Follow-Through

Preparation for Presenting Module

Review Module

Arrange for guest speaker

Set date

Arrange for room

Advertise

Arrange for audiovisual equipment

Photocopy handouts

Prepare overheads/slides

Collect additional materials

Six-Week Follow-Up Activity (Optional)

Copy letters

Send letters

Collect activity

Review activity and provide written or oral feedback to participants

Copy certificate

Prepare certificates

Deliver certificates

Record trainees who have completed module

Instructor's Notes for Training

Hour 1:

Hour 2:

Hour 3:

Training for Caregivers of Young Children!

GROW TO 5

Module L

Family Functioning: Understanding Families and Helping Them Cope

(This training was formerly called *MITCH*)

Day and Date _____

Time _____

Location _____

_____

Training Agency/Instructor _____

_____

To register call: _____

Participant Sign-In Sheet
Grow to 5 Module L

Trainer _____ Dates _____

Training Location _____

Please print.

Name _____ Social Security # _____ Phone _____ Fax _____

Address _____ City/State/Zip _____

Name _____ Social Security # _____ Phone _____ Fax _____

Address _____ City/State/Zip _____

Name _____ Social Security # _____ Phone _____ Fax _____

Address _____ City/State/Zip _____

Name _____ Social Security # _____ Phone _____ Fax _____

Address _____ City/State/Zip _____

Name _____ Social Security # _____ Phone _____ Fax _____

Address _____ City/State/Zip _____

Name _____ Social Security # _____ Phone _____ Fax _____

Address _____ City/State/Zip _____

Name _____ Social Security # _____ Phone _____ Fax _____

Address _____ City/State/Zip _____

Name _____ Social Security # _____ Phone _____ Fax _____

Address _____ City/State/Zip _____

Dear:

This is to remind you that the Six-Week Follow-Up Activity for *Grow to 5 Module L, Family Functioning: Understanding Families and Helping Them Cope* is due on ____/____/____.

Please submit your follow-up activity to

_____

_____

_____

_____

If you have any questions, please call:

_____

Telephone: _____

Sincerely,

Certificate of Completion

This certifies that

_____

has attended three hours of training and completed the Six-Week Follow-Up Activity for

Grow to 5 Module L

Family Functioning: Understanding Families and Helping Them Cope

_____
Instructor

_____
Training Agency

_____
Date

This training module was developed by the Florida Department of Education, Bureau of Instructional Support and Community Services

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Appendix B: Reproducible Handouts in English

This appendix includes reproducible masters for materials that accompany the script of the training. Some of the masters have been formatted to easily create transparencies (i.e., with generous margins and large type sizes). Other masters have been formatted to easily make handouts for participants. However, each trainer or training agency may decide which masters to use for transparencies and which to reproduce as paper handouts.

Each master is labeled with a three-part code in the lower left corner. The first part refers to the module; the second part refers to the hour of the module; the third part is the number of the handout itself. For example, **Handout L-2-3** is the third handout to be used during the second hour of *Module L*.

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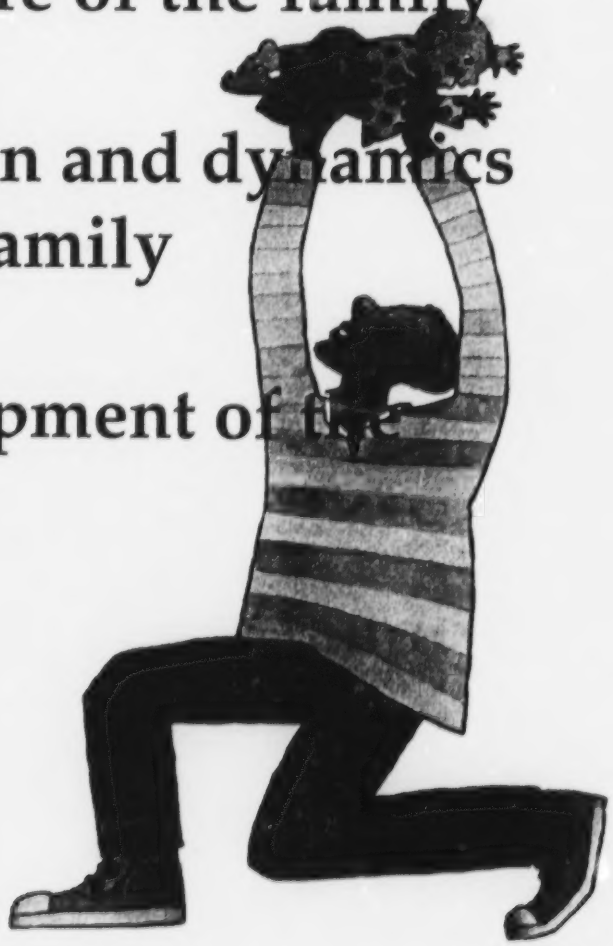
Aspects of Family Systems

- Structure of the family
- Function and dynamics of the family
- Development of the family



L–1–1

Florida Department of Education

Family Decision Making

How are decisions made in your family...

...about money?

...about jobs?

...about decorating the house?

...about what to have for dinner?

...about the boundaries set for children's behavior?

How do you settle differences of opinion?

How Caregivers Can Help Families Make Decisions and Solve Problems

- Understand that family members may need time to act.
- Provide emotional support.
- Provide information.
- Encourage families to hold family meetings.
- Encourage families to attend support group meetings.
- Communicate often.
- Be an interested listener.
- Be able to tell parents where to get help.
- If more than one family is involved, work with both families.

L–1–3

Having a Child with Special Needs—Path to Acceptance

Parents of children with special needs typically go through several stages on their way to acceptance and adjustment. However, not all parents respond in all the ways described below. Furthermore, the stages are not static. For example, parents who have reached the acceptance and adjustment stage may become depressed and discouraged again at certain times, such as when new difficulties arise or when their child reaches a milestone such as entering kindergarten. It is important that caregivers listen to individual parents and respond individually.

Stage	Possible Parent Responses	What Caregivers Can Do
Shock, Denial, Disbelief	• Deny the child has a disability • Pretend the disability is not there • Make excuses for why the child is having difficulties • Feel shame, guilt, feelings of unworthiness • Overcompensate by intense training • "Doctor hop"—go to different doctors looking for one who will tell them what they want to hear	• Listen with acceptance • Assure parents that their feelings are normal • Focus on working together to help the child • Talk about the child's strengths • Gently direct parents to sources of information (e.g., suggest families contact the local office of Parent-to-Parent or the Family Network on Disabilities)
Anger, Resentment	• Become angry about seemingly insignificant things • Sound envious of others • Verbally abuse those who have taught the child or participated in the child's diagnosis • Misinterpret statements by professionals or hear only part of what is said	• Listen with acceptance • Do not agree or give suggestions; instead direct parents to sources of information • Affirm your acceptance of the child and focus on working together • Avoid giving examples of what others have done
Bargaining	• Work hard with the child ("If I work with him every day, he'll catch up.") • Postpone acceptance of the child's disability ("This is just a stage.")	• Listen with acceptance • Show that you care for the child and the parents
Depression, Discouragement	• Be more open to suggestions for helping the child • Mourn the loss of the hoped for "normal" child • Feel helpless and hopeless	• Listen with acceptance • Avoid criticism or too much praise • Suggest support group, counseling, other local resources
Acceptance, Adjustment	• Realize something positive can be done • Accept the whole child • Adjust lifestyle • Recognize the needs of the child • Learn new techniques	• Teach new training techniques • Praise progress • Encourage realistic expectations

Note: Adapted from *We're in This Together (W.I.T.): Resource Manual for Integrating Handicapped Children into Daycare and Preschool Programs*, by L. Lewis, 1989, Des Moines, IA: Des Moines Independent Schools.

Scenarios: Stages of Acceptance for Parents of Children with Special Needs

Read each scenario below and discuss what stage of acceptance the parent may be in. Use the chart on **Handout L-2-1** *to remind you of typical responses at each stage. As a caregiver, what could you do to support each parent?*

Scenario 1

Two-year-old Nicole is in your typical early care and education setting. Her family brought her to you even though Nicole's doctor suggested she may need an early intervention program and referred the family to the local early intervention program (EIP) office.

Nicole rarely vocalizes. She has poor muscle control and she lacks interest in her surroundings. Nicole's grandmother has told you that Nicole isn't talking because she has had a lot of ear infections. She has also explained that Nicole doesn't play with the other children because she is an only child.

Scenario 2

Three-year-old Carmella has been participating in your typical early care and education setting for three months. She learns more slowly than do many other children her age. However, she appears to be happy and she gets along well with the other children.

Her mother has asked you to send "work" home that she can do with Carmella so that Carmella can "catch up" with the other children. She is trying to teach Carmella the letters of the alphabet and how to count to 15.

Scenario 3

Quan (age 3 1/2) has been in your typical early care and education setting for more than a year. You have noticed that he is displaying some serious behavior problems. He is very active, does not seek eye contact, becomes preoccupied with certain objects, has difficulty moving from one activity to another, and refuses to play with other children or adults.

You have expressed your concern to his mother. Since then, Quan's father has called several times to complain about your program. He is coming in to talk with you today. He appears to be angry.

Do you have concerns about a child's development?

If you have questions about a child's development, consult a doctor, nurse, early childhood educator, or other qualified professional, or call the contacts listed below.

For children ages birth to 36 months

Contact your local Early Intervention Program (EIP). The EIP can arrange for a child who may not be developing normally to be seen free of charge by appropriate professionals. Call the Florida Department of Health, Children's Medical Services **(850-487-2690),** for the number of the EIP nearest you.

For children ages three to five years

Contact your local Child Find Specialist. Child Find is associated with the exceptional student education department of Florida's public schools and the Florida Diagnostic and Learning Resources System (FDLRS). The Child Find Specialist can arrange for a child who may not be developing normally to be seen free of charge by appropriate professionals. Call your local public school, your local FDLRS center, or the Florida Department of Education **(850-488-1106)** for the number of the Child Find Specialist nearest you.

For children ages birth to five years

Call **1-800-654-4440** to reach the Florida Directory of Early Childhood Services (Central Directory). This toll-free number provides access to information and resources for families of children with disabilities or special health care needs in your local area.

Central Directory
1-800-654-4440

For information about specific disabling conditions

For information about specific disabling conditions in English and Spanish, contact the National Information Center for Children and Youth with Disabilities (NICHCY) at **1-800-695-0285**; website: www.nichcy.org; P. O. Box 1492, Washington, DC 20013-1492.

Factors That Influence Stress in Families of Young Children

- Temperament and behavioral characteristics of the child
- Caregiving demands
- Family's level of psychological functioning
- Financial resources
- Support available from family, community, and professionals
- Programs available for the child and family

Stressful Family Situations That Increase the Risk of Child Abuse or Neglect

- Lack of money
- Loss of job
- Divorce
- Death or illness of family member
- Drug or alcohol abuse

Note: Adapted from *Child Abuse Source Book for Florida School Personnel* (p. 10), by E. D. Drake, K. A. Kamiya, & M. Sokolof, 1998, Tallahassee, FL: Florida Department of Education.

L–2–5

Characteristics of Children That Increase Their Risk of Being Abused

- Having a disability, chronic illness, or special need
- Having attention deficit disorder
- Having a personal attribute identified by a parent as very undesirable

Note: Adapted from *Child Abuse Source Book for Florida School Personnel* (p. 10), by E. D. Drake, K. A. Kamiya, & M. Sokolof, 1998, Tallahassee, FL: Florida Department of Education.

L–2–6

Signs of Abuse in Children

Signs of Physical Abuse

A physically abused child may

- have bruises, welts, lacerations, or abrasions that are not explained in a logical or plausible manner (Note the child's affect and body language when the explanation is not plausible. You can ask, "Did someone hurt you?")
- have slap marks on cheeks or around ears; pinch marks on upper arms; lash marks on back, upper thighs, or buttocks (In the course of play and learning to walk, toddlers often have bruises on knees, shins, elbows, and the forehead or midline of the face. Any place on the child's body where the bone is close to the surface of the skin is likely to be occasionally and harmlessly bruised. However, bruises on the soft parts of a child's body—the buttocks, the thighs, the lower back, the abdomen, the cheeks, or the neck—should all heighten concern.)
- ask for help by telling a friend, teacher, or other school staff about abuse
- have repeated patterns of injuries, even when logical explanations are given
- be noticeably wary of adult contacts, as when a child withdraws when touched on the shoulder or when spoken to
- show extremes in behavior, including self-destructive and/or aggressive actions
- seem agitated and anxious when other children are crying, or an abused child may hit a child who is crying (This is particularly evident in very young children.)
- make complaints of soreness or discomfort
- wear clothes that are inappropriate to Florida's warm seasons and may be being used to hide marks
- run away from home chronically
- be absent frequently from school with unsubstantiated illnesses

Additional indicators in children with disabilities include the following:

- chronic bruising under the arms in physically nonambulatory children (a type of bruising that can occur when improperly transferring a child from bed to toilet to wheelchair)
- pain or swelling in shoulder and wrist area
- bruising around the mouth for those children who are not able to feed themselves
- frequent infections due to lack of medical attention

—continued on next page

Note: Adapted from *Child Abuse and Neglect Program and Resource Manual*, by Broward County Public Schools, Department of Social Work and Attendance, 1990, Ft. Lauderdale, FL: Author.

Signs of Abuse in Children, *continued*

Signs of Sexual Abuse

In the school setting, a sexually abused child may

- report sexual touching, exploitation, and/or abuse
- demonstrate anxiety behaviors
- demonstrate enuresis (bed-wetting) and encopresis (soiling of underwear)
- suck his or her thumb and rock excessively
- withdraw socially or seem depressed
- set fires or exhibit destructive behavior toward toys and/or animals
- complain of aches, pains, and discomfort or stomach aches
- report bruises, bleeding, or discharges in genital area
- suffer from sexually transmitted diseases, or frequent urinary or yeast infections
- demonstrate sexually reactive behaviors (age-inappropriate sexual actions)
- simulate sexual activity in art work or in play
- become pregnant prior to age 14
- engage in excessive masturbation or sexualized behavior inappropriate to his or her age, developmental level, or situation (This may include inappropriate touching of peers or school staff.)
- exhibit behavior characterized by extremes
- have obsessive-compulsive behaviors
- be aggressive and demanding or compliant and passive, or show mood swings
- live in extreme isolation, such as in an overly strict home where his or her contact with others is limited
- disclose a family history of sexual abuse of older sibling, step-sibling, or parent
- fulfill adult roles, whereby a child is expected to meet a parent's or caretaker's needs, including a desire for sexual contact

Signs of Psychological Maltreatment

A psychologically maltreated child may

- have indications of extreme anxiety, such as biting, rocking, facial tics, enuresis, encopresis, or eating disorders
- withdraw and show signs of depression, antisocial behaviors
- report sleep disorders
- demonstrate inhibition in play
- complain of illness
- show evidence of impairment in academic and social functioning that is due to parental behaviors toward the child
- use drugs or alcohol at an unusually early age
- exhibit delinquent behaviors
- attempt suicide
- have chronic stress-related diseases

Note: Adapted from *Child Abuse and Neglect Program and Resource Manual*, by Broward County Public Schools, Department of Social Work and Attendance, 1990, Ft. Lauderdale, FL: Author.

!Report Child Abuse!

You must report *known* or *suspected* cases of child abuse to Florida's central abuse hotline.

Telephone: 1-800-96-ABUSE

Voice mail: 1-800-770-0953

Fax: 1-800-914-0004

Your name will be asked but it will be kept confidential.

Operators speak English and Spanish.

Map Your Support System

	Name	Date of Last Contact
1. *Who makes me laugh?*	_____	_____
2. *In whom can I confide?*	_____	_____
3. *Who gives me tactful, useful feedback?*	_____	_____
4. *Whom have I met who might become a friend?*	_____	_____
4. *Other? (Describe)* _____	_____	_____

Adapted from: "Leaving Work Behind," by Barbara Mackoff, May/June 1986, *The Executive Female*.

Caregivers Can Support Families

- Provide a quality education and caregiving environment with proven record of inclusion.

- Provide care for child and siblings during parent meetings.

- Provide information about parenting.

L–3–2a

Caregivers Can Support Families
(continued)

- Provide opportunities for parents to interact with other parents.

- Provide information about parent education and support groups (including support groups for families of children with special needs).

- Work with both families in situations involving parental separation or divorce.

L–3–2b

Coping Strategies for Parents of Children with Disabilities

Psychological Coping Strategies

- Recognize your own feelings, anxieties, fears, and desires.
- Understand the magnitude of what you may feel you have lost.
- Allow yourself to grieve fully.
- Do not be afraid to show emotion.
- Transcend any guilt feelings you may have.
- Find at least one person to support you and give you a sense of hope.
- Talk to your mate, other children, significant others in your life.
- Do not hesitate to get professional counseling if needed.
- Join a parent support group.
- Find a reason to live—do not live in the past.
- Take one day at a time.
- Accept life the way it is.
- Remember time is on your side—time heals wounds.
- Realize that you are not alone.
- Count your blessings, allow positive feelings to overtake the more negative ones.
- Remember the child comes first, the disability comes second.

Cognitive Coping Strategies

- Get information on your child's disability.
- Talk to doctors—request accurate information.
- Talk to a parent of a child with a similar disability.
- Read books on the subject of your child's disability.
- Ask questions: "What does _____ mean?

Spiritual/Inspirational Coping Strategies

- Talk to a priest, rabbi, pastor.
- Read devotionals.
- Read the bible.
- Read inspirational stories and accounts.
- Pray or meditate.
- Spend quiet time in a peaceful setting—in the woods, by a lake, etc.

Physical Coping Strategies

- Cry.
- Laugh.
- Exercise.
- Eat as well as you can.
- Get sufficient rest.
- Take long walks.
- Take time for yourself.
- Keep daily routines as normal as possible.
- Let things go for a while—be less organized and less productive.
- Listen to relaxing music.

L–3–3 Source unknown.

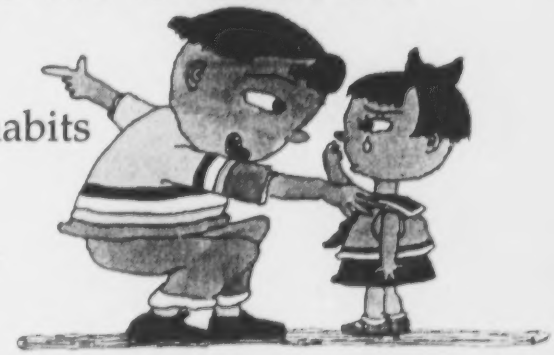
Questions to Ask to Help Siblings of Children with Disabilities

When asking questions, change the word "different" to a more appropriate or specific term.

- Do you ever feel sad because you are not "different" and your brother/sister is?
- Do you ever feel funny about bringing friends to your house because they might see your brother/sister?
- Do you avoid telling your friends that you have a "different" brother/sister?
- Are you afraid you might hurt your brother/sister when you play?
- Do you know why your brother/sister is the way he/she is?
- Do your parents spend more time with your brother/sister than they do with you?
- Do you feel that you miss out on things because of the extra care (or cost) your brother/sister needs?
- What will happen to your brother/sister many years from now? Do you wonder how that will affect you?
- Do you ever wonder why your brother/sister is "different" and you are not?
- Do you feel that having a brother/sister with special needs has made you more understanding and aware of other people who have problems?
- Do you ever feel left out or jealous of the amount of time and attention your parents must give to your "different" brother/sister?
- Because your parents must spend a great deal of time with your brother/sister, do you ever feel the need to be especially "good" or to do something special to get the attention and approval of your parents?
- Do you ever feel pressure to become more successful because you know that your brother/sister will not be able to achieve the goals that you can?
- Do you ever resent the amount of time you have to care for your brother/sister when you could be doing something else?
- Do your parents ever make you include your brother/sister in your plans with your friends?

Note: Adapted from *Helping Your Child Handle Stress: The Parents' Guide to Recognizing and Solving Childhood Problems*, 1996, by K. Kersey. Washington, DC: Acropolis Books.

Signs of Stress in Children



- Change in appetite or eating habits
- Regression in toileting habits
- Change in sleeping patterns
- Complaints such as headaches, stomachaches, tiredness
- Lack of emotional and physical control, including anger, sadness, longing for the past, fear, anxiety, withdrawal, phobias, compulsions
- Problems with coping, including whining, dependency, increased need for physical contact, irritability, noninvolvement, wandering, manipulation, noncooperation, aggression, self-blame, self-accusation
- Restlessness, distractibility, fear of failure, daydreaming, poor peer relationships, out-of-control behaviors

Decrease Stress for Children in Education and Care Settings

- Match activities and expectations to the ability and interests of the child.
- Balance quiet and active times in the daily schedule.
- Give each child opportunities for freedom of choice, initiative, and free movement. Limit interruptions.
- Provide a time structure that does not rush a child or require unnecessary waiting.
- Set appropriate guidelines for behavior.
- Be sensitive to appropriate cultural practices.
- Let the children have FUN!

L–3–6

Reducing Stress in My Education and Caregiving Setting
How Well Do We Do?

In My Center We...

Do	Do Not	
_____	_____	1. Use curtains, insulation, carpets, and other sound-absorbing materials to lower noise level.
_____	_____	2. Provide varied and interesting colors, textures, sounds, and activities both to stimulate children and avoid boredom.
_____	_____	3. Provide comfortable, clean, and child-safe surroundings.
_____	_____	4. Arrange toys, furniture, and equipment for greater self-sufficiency of children.
_____	_____	5. Plan times for rest and relaxation daily. Allow very young children to rest whenever they choose.
_____	_____	6. Create a quiet corner that is available to any child.
_____	_____	7. Occasionally use soft music or relaxation activities.
_____	_____	8. Allow children to choose their own activities and groupings as much as possible.
_____	_____	9. Plan flexible schedules for children who need or desire additional time in an activity.
_____	_____	10. Provide snacks and meals on a regular basis for toddlers and preschoolers and on demand for infants. Accommodate individual feeding needs.
_____	_____	11. Schedule planning sessions for teacher and children in which problems and needs can be expressed.
_____	_____	12. Make an effort to spend time communicating or playing with each child one-on-one every day.
_____	_____	13. Give affection by appropriate touching, smiling, and eye contact.
_____	_____	14. Demonstrate positive personal regard, respect, and acceptance of all children.
_____	_____	15. Have available acceptable means or materials for tension relief, such as music, nontoxic modeling clay, water play, paint, carpentry, pounding toys, and sand.
_____	_____	16. Schedule at least a half-hour of daily vigorous activity.
_____	_____	17. Use familiar routines that are culturally sensitive.

Appendix C: Reproducible Handouts in Spanish

This appendix includes reproducible masters for materials that accompany the script of the training. Some of the masters have been formatted to easily create transparencies (i.e., with generous margins and large type sizes). Other masters have been formatted to easily make handouts for participants. However, each trainer or training agency may decide which masters to use for transparencies and which to reproduce as paper handouts.

Note: Each master is labeled with a three-part code in the lower left corner. The first part refers to the module; the second part refers to the hour of the module; the third part is the number of the handout itself. For example, **Handout L-2-3** is the third handout to be used during the second hour of *Module L*

The English handouts have been directly translated into Spanish. Therefore, the information on the Spanish **Handout L-2-3** is the same as the information on English **Handout L-2-3**.

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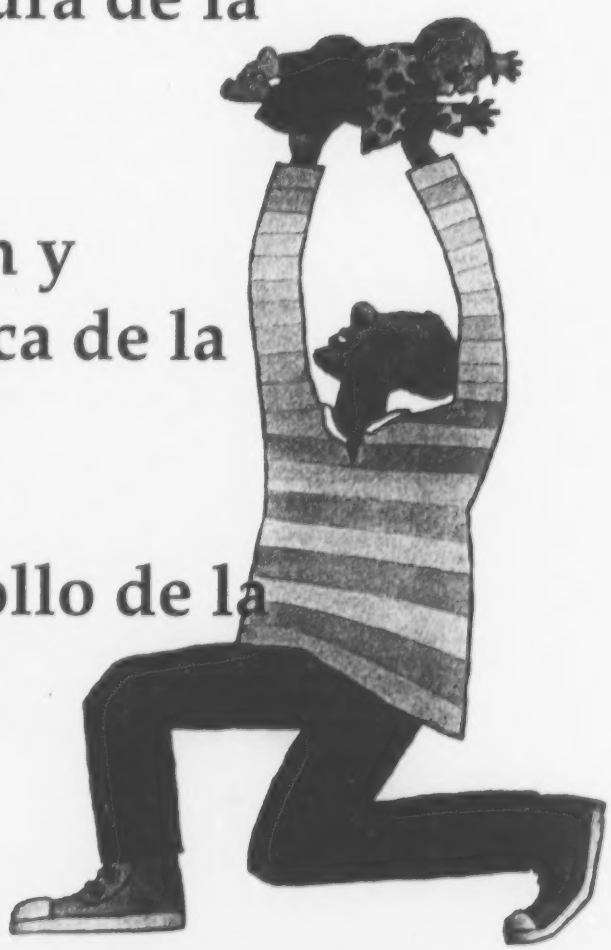
Aspectos de los sistemas de familia

- Estructura de la familia
- Función y dinámica de la familia
- Desarrollo de la familia



L–1–1

Florida Department of Education

Toma de decisiones de la familia

¿Cómo se toman las decisiones de su familia...

...en relación con el dinero?

...en relación con los empleos?

...en relación con decorar la casa?

...en relación con lo que se va a comer en la cena?

...en relación con los límites fijados sobre la conducta de los hijos?

¿Cómo se resuelven las diferencias de opinión?

Cómo puede el cuidador ayudar a la familia a tomar decisiones y resolver problemas

- Entender que los familiares pueden necesitar tiempo para actuar.
- Brindar apoyo emocional.
- Suministrar información.
- Aconsejar a la familia a hacer reuniones familiares.
- Aconsejar a la familia a asistir a reuniones de grupos de apoyo.
- Comunicarse con frecuencia.
- Escuchar con interés.
- Poder decirles a los padres dónde pueden conseguir ayuda.
- Si hay más de una familia, colaborar con ambas familias.

L–1–3

El tener un hijo(a) con necesidades especiales—El camino a la aceptación

Los padres de niños con necesidades especiales pasan por varias etapas en el camino a la aceptación y a los ajustes. Sin embargo, no todos los padres reaccionan de las distintas maneras descritas a continuación. Además, las etapas no son estáticas. Por ejemplo, los padres que han llegado a la etapa de aceptación y ajuste podrán deprimirse y desalentarse de nuevo en ciertas ocasiones, como cuando se presentan dificultades nuevas o cuando su hijo(a) alcanza un punto importante de su vida, por ejemplo, en el momento en que comienza el jardín de la infancia o kindergarten. Es importante que el cuidador escuche a cada uno de los padres y le responda individualmente.

Etapa	Posible reacción del padre o madre	Qué puede hacer el cuidador
Asombro, negación, incredulidad	• Negar que el niño presenta cierto problema • Hacerse la idea de que el problema no existe • Presentar excusas para explicar por qué el hijo(a) tiene dificultades • Sentir vergüenza, culpa, falta de valor propio • Sobrecompensar capacitándolo intensivamente • Andar de médico en médico: Ir de médico en médico buscando el que le diga lo que quiere que le diga	• Escuchar con aceptación • Asegurarles a los padres que lo que sienten es normal. • Concentrarse en colaborar juntos para ayudar al hijo(a) • Hablar de las virtudes del hijo(a) • Orientar con tacto a los padres a acudir a fuentes de información (por ejemplo, sugerir que las familias se comuniquen con la oficina local de Parent-to-Parent (Padres a Padres) o Family Network on Disabilities (Red Familiar para Atender Niños con Problemas)
Enojo, resentimiento	• Enojarse por cosas que parecen ser insignificantes • Parecer, por lo que dice, que les tiene envidia a los demás • Maltratar de palabra a los que han enseñado al hijo(a) o han participado en el diagnóstico del hijo(a) • Interpretar equivocadamente lo que dicen los profesionales o escuchar sólo una parte de lo que dijeron	• Escuchar con aceptación • No aceptar lo que plantean ni ofrecer sugerencias; en lugar de ello, orientar a los padres a acudir a fuentes de información • Afirmar su aceptación del hijo(a) y concentrarse en colaborar juntos • Evitar hablar de ejemplos de lo que han hecho los demás
Negociar	• Esforzarse mucho con el hijo(a) ("Si me esfuerzo con él todos los días, se pondrá al nivel de los demás".) • Postergar aceptar que el hijo(a) presenta cierto problema ("Esto es sólo una etapa".)	• Escuchar con aceptación • Mostrar interés por el hijo(a) y por los padres
Depresión, desaliento	• Estar más dispuesto a recibir sugerencias para ayudar al hijo(a) • Lamentarse por la pérdida del hijo(a) "normal" esperado(a) • Sentirse indefenso y desesperanzado	• Escuchar con aceptación • Evitar críticas o elogiar excesivamente • Sugerir algún grupo de apoyo, orientación profesional u otro recurso local
Aceptación, ajuste	• Darse cuenta de que se puede hacer algo positivo • Aceptar al hijo(a) por completo • Ajustar el estilo de vida • Reconocer las necesidades del hijo(a) • Aprender técnicas nuevas	• Enseñar técnicas nuevas de capacitación • Elogiar los adelantos • Fomentar expectativas que se ajusten a la realidad

Nota: Adaptado de *We're in This Together (W.I.T.): Resource Manual for Integrating Handicapped Children into Daycare and Preschool Programs*, por L. Lewis. 1989, Des Moines, estado de Iowa, Estados Unidos: Escuelas Independientes de Des Moines.

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Situaciones: Etapas de aceptación de padres de hijos(as) con necesidades especiales

Lea cada una de las situaciones que aparecen a continuación y hable de la etapa de aceptación en la que se pueda encontrar el padre o la madre. Emplee la tabla en la ***Hoja L-2-1*** *como recordatorio de las reacciones características de cada etapa. Como cuidador, ¿qué podría hacer usted para brindarle apoyo a cada uno de los padres?*

Situación 1

Nicole, de dos años de edad, se encuentra en las circunstancias usuales del cuidado y educación iniciales. La familia de ella se la trajo a usted, a pesar de que el médico de Nicole sugirió que podría necesitar un programa de intervención oportuna y remitió a la familia a la oficina local del programa de intervención oportuna (EIP).

Nicole vocaliza en muy pocas ocasiones. Posee un control deficiente de los músculos y carece de interés en lo que la rodea. La abuela de Nicole le comentó que Nicole no habla porque ha padecido muchas infecciones de los oídos. También le explicó que Nicole no juega con los demás niños porque es hija única.

Situación 2

Carmela, de tres años de edad, lleva tres meses en las circunstancias usuales del cuidado y educación iniciales. Aprende con más lentitud que muchos de los demás niños de su edad. Sin embargo, parece sentirse feliz y se lleva bien con los demás niños.

La mamá de ella le ha pedido a usted que envíe "trabajo" a la casa para que ella lo haga con Carmela a fin de que Carmela alcance el mismo nivel de los demás niños. La mamá trata de enseñarle las letras del alfabeto y cómo contar hasta 15.

Situación 3

Juan tiene tres años y medio de edad y lleva más de un año en las circunstancias usuales del cuidado y atención iniciales. Se ha advertido que presenta problemas graves de comportamiento. Es muy activo, no trata de mirarles a los ojos a los demás, se preocupa de ciertos objetos, le resulta difícil pasar de una actividad a otra y se niega a jugar con los demás niños o con los adultos.

Usted le manifestó sus inquietudes a la mamá de él. A partir de ese momento, el padre de Juan ha llamado telefónicamente varias veces para quejarse del programa suyo. Va a ir hoy a hablar con usted. Parece estar enojado.

¿Tiene preocupaciones acerca del desarrollo del niño(a)?

Si desea hacer preguntas sobre el desarrollo del niño(a), comuníquese con el médico, enfermera, profesor especialista en educación de niños en la primera infancia o llame telefónicamente a los contactos indicados a continuación.

Niños recién nacidos a 36 meses de edad

Comuníquese con el Programa de Intervención Oportuna ("Early Intervention Program" o EIP) de su localidad. El EIP puede hacer los trámites para que el niño que no se desarrolle normalmente tenga la posibilidad de consultar gratuitamente a los profesionales correspondientes. Llame a la Sección de Atención Médica Infantil del Departamento de Salud de la Florida, al 850-487-2690, para informarse del número telefónico del EIP que le queda más cerca.

Niños de 3 a 5 años de edad

Comuníquese con el especialista local del programa Encuentro Infantil (Child Find). El programa Child Find está asociado al departamento de educación de estudiantes excepcionales de las escuelas públicas de la Florida y al Sistema de Diagnósticos y Recursos Docentes de la Florida (FDLRS). El especialista del programa Child Find puede hacer los trámites para que el niño que no se desarrolle normalmente tenga la posibilidad de consultar gratuitamente a los profesionales correspondientes. Llame a la escuela pública de la localidad, al centro local del FDLRS o al Departamento de Educación de la Florida, al 850-488-1106, para informarse del número telefónico del especialista del programa Child Find que le queda más cerca.

Niños recién nacidos a 5 años de edad

Llame al 1-800-654-4440 para comunicarse con el Directorio Central de la Florida de Atención de Niños de la Primera Infancia (Early Childhood Services). Podrá llamar gratuitamente a este número telefónico, que le da a acceso a la información correspondiente y a recursos que existen en su localidad para familiares de niños que presentan problemas o que necesitan atención médica especial.

Directorio Central
1-800-654-4440

Para informarse de padecimientos problemáticos específicos

Para informarse en inglés y español de padecimientos problemáticos específicos, comuníquese con el Centro de Información Nacional sobre Niños y Jóvenes con Problemas (NICHCY) llamando al 1-800-695-0285; sitio WEB: www.nichcy.org.; P.O. Box 1492, Washington, D.C. 20013-1492.

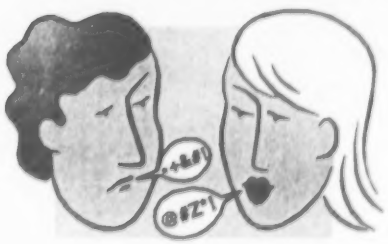
Factores que infunden estrés en los familiares de niños de corta edad

- El temperamento y las características del comportamiento del niño
- El cuidado necesario
- El nivel de funcionamiento sicológico de la familia
- Los recursos económicos
- El apoyo que se puede conseguir de los familiares, de la Comunidad y de los profesionales
- Los programas que están a la disposición del niño y familiares

L–2–4

Situaciones familiares estresantes que aumentan los riesgos de que se maltrate o descuide al niño

- La falta de dinero
- La pérdida del empleo
- El divorcio
- La muerte o enfermedad de algún familiar
- Consumo de drogas o bebidas alcohólicas



Nota: Adaptado de *Child Abuse Source Book for Florida School Personnel* (página 10), por E.D. Drake, K.A. Kamiya y M. Sokolof, 1998, Tallahassee, Florida: Departamento de Educación de la Florida.

L–2–5

Características infantiles que aumentan los riesgos de que se les maltrate a los niños

- Presentar algún problema, enfermedad crónica o necesidad especial

- Presentar el trastorno del déficit de atención

- Presentar algún atributo personal que, según uno de los padres, sea muy indeseable

Nota: Adaptado de *Child Abuse Source Book for Florida School Personnel* (página 10), por E.D. Drake, K.A. Kamiya y M. Sokolof, 1998, Tallahassee, Florida: Departamento de Educación de la Florida.

L–2–6

Señales de maltrato a los niños

Señales de maltrato físico

El niño que es objeto de maltrato físico podrá presentar las señales indicadas a continuación:

- Presentar morados, verdugones, laceraciones o abrasiones que no se expliquen de una forma lógica o razonable (Advierta la emoción y gestos del niño cuando la explicación no es razonable. Puede preguntarle: "¿Te lastimaron?")
- Presentar huellas de cachetadas en las mejillas o alrededor de las orejas, huellas de pellizcos en las partes superiores de los brazos, verdugones de correa en la espalda, en la parte superior de los muslos o en las nalgas (Mientras juegan y aprenden a caminar, los niños pequeños presentan frecuentemente morados en las rodillas, espinilla, codos, frente o línea del medio del rostro. Se podrá hacer un morado de vez en cuando, sin causar daño, en todo lugar del cuerpo del niño en que el hueso esté cerca de la superficie de la piel . Sin embargo, los morados en las partes blandas del cuerpo del niño, como lo son las nalgas, los muslos, la parte inferior de la espalda, el abdomen, las mejillas y el cuello, deben intensificar la preocupación.
- Pedir ayuda al contarle del maltrato a algún amigo, profesor u otro empleado de la escuela
- Presentar lesiones repetidamente aun cuando se ofrecen explicaciones lógicas
- Notar que desconfía de tener comunicación con los adultos, como cuando el niño se aparta cuando le tocan el hombro o cuando le hablan
- Manifestar un comportamiento exagerado, incluso actos autodestructivos o agresivos
- Parecer agitado y ansioso cuando lloran los demás niños o el niño maltratado puede golpear al niño que llora (Esto se ve particularmente en los niños de muy corta edad)
- Presentar quejas de dolores o malestar
- Usar ropa que no sea adecuada para las temporadas calurosas de la Florida y que se puedan emplear para ocultar huellas de algo
- Escaparse de la casa crónicamente
- Faltar frecuentemente a la escuela a consecuencia de enfermedades no fundamentadas

Los siguientes son otros indicios observados en los niños que presentan problemas:

- morados crónicos debajo de los brazos de los niños que no pueden andar físicamente (una clase de morado que puede ocurrir cuando al niño lo trasladan indebidamente desde la cama al inodoro y a la silla de ruedas)
- dolor o hinchazón en el hombro y muñeca
- morados alrededor de la boca de los niños que no pueden comer por sí mismos
- infecciones frecuentes por falta de atención médica

—sigue en la próxima página

Nota: Adaptado de *Child Abuse and Neglect Program and Resource Manual*, por el Departamento de Trabajo Social y Asistencia de las Escuelas Públicas del Condado de Broward, 1990, Fort Lauderdale, Florida: Autor.

Señales de maltrato a los niños, *sigue*

Señales de abusos deshonestos (sexuales)

En el ámbito escolar, el niño que es objeto de abusos deshonestos (sexuales) podrá presentar las señales indicadas a continuación:

- Dar a conocer que le tocan sus partes, lo explotan sexualmente y/o es objeto de abusos deshonestos (sexuales)
- Manifiesta diversas clases de comportamiento ansioso
- Presenta enuresis (orinarse en la cama) y encopresis (hacerse caca en los calzoncillos)
- Chuparse el pulgar y mecerse exageradamente
- Apartarse socialmente o parecer deprimido(a)
- Prender incendios o manifestar un comportamiento destructivo dirigido a los juguetes y/o animales
- Quejarse de achaques, dolores y malestares o de dolor estomacal
- Dar a conocer que tiene morados, hemorragia o secreciones en los genitales
- Padecer enfermedades de transmisión sexual o infecciones de levaduras patógenas o que causan orinar frecuentemente
- Manifestar un comportamiento de reacción sexual (acciones sexuales inadecuadas para la edad correspondiente)
- Simular actividades sexuales en dibujos o juegos
- Caer embarazada antes de los 14 años de edad
- Masturbarse exageradamente o manifestar una sexualidad inadecuada para su edad, nivel de desarrollo o situación (incluso tocar inadecuadamente a sus compañeros o compañeras y al personal de la escuela)
- Manifestar un comportamiento notable por lo exagerado que resulta
- Manifestar diversas clases de comportamiento obsesivo-compulsivo
- Ser agresivo y exigente o complaciente y pasivo o demostrar cambios del estado de ánimo
- Vivir en aislamiento exagerado, como en un hogar demasiado estricto donde se le limita el contacto con los demás
- Revelar un historial familiar de abusos deshonestos (sexuales) de algún hermano(a) mayor, hermanastro(a) o padre o madre
- Desempeñar papeles de adultos donde se espera que el niño(a) satisfaga las necesidades del padre, madre o cuidador, incluso el deseo de tener relaciones sexuales

Señales de maltrato sicológico

El niño que es objeto de maltrato sicológico podrá presentar las señales que aparecen seguidamente:

- Presentar indicios de ansiedad exagerada, como morder; mecerse; manifestar tics en el rostro; o padecer enuresis, encopresis o trastornos de la alimentación
- Apartarse y manifestar señales de depresión y conducta antisocial
- Dar a conocer que tiene trastornos del sueño
- Manifestar inhibición al jugar
- Quejarse de enfermedades
- Manifestar indicios de deficiencia en los funcionamientos académico y social debido a la forma en que los padres se comportan con su hijo(a)
- Consumo de drogas o bebidas alcohólicas a una corta edad fuera de lo común
- Manifestar diversas clases de conducta delictiva
- Intentar suicidarse
- Padecer enfermedades crónicas relacionadas con el estrés

Nota: Adaptado de *Child Abuse and Neglect Program and Resource Manual*, por el Departamento de Trabajo Social y Asistencia de las Escuelas Públicas del Condado de Broward, 1990, Fort Lauderdale, Florida: Autor.

¡Denuncie el maltrato a los niños!

Tiene que denunciar todo caso en que se sepa o sospeche que a un niño lo maltratan llamando al número telefónico de la línea directa central para denunciar maltratos.

Teléfono: 1-800-962-2873 (1-800-96-ABUSE)

Correo de voz: 1-800-770-0953

Fax: 1-800-914-0004

Se le pedirá el nombre, pero se mantendrá a nivel confidencial.

Las telefonistas hablan inglés y español.

Represente visualmente su sistema de apoyo

	Nombre	Fecha de la última comunicación
1. *¿Quién(es) me hace reír?*	_____	_____
2. *¿De quién(es) me puedo confiar?*	_____	_____
3. *¿Quién(es) me dan impresiones con mucho tacto y útiles?*	_____	_____
4. *¿A quién(es) he conocido que podría(n) llegar a convertirse en amigo(s)?*	_____	_____
5. *¿Otras cosas? (Descríbalas)*	_____	_____

Nota: Adaptado de "Leaving Work Behind", de Barbara Mackoff, mayo/junio de 1986, The Executive Female.

El cuidador puede apoyar a la familia

- Ofrecer un ambiente de buena preparación educativa y cuidado infantil con un historial comprobado de inclusión.

- Cuidar al niño y a sus hermanos durante las reuniones de los padres.

- Suministrar información sobre cómo criar a los hijos.

L–3–2a

El cuidador puede apoyar a la familia
(sigue)

- Ofrecer oportunidades para que los padres interactúen.

- Suministrar información sobre la preparación educativa de los padres y sobre los grupos de apoyo (incluso los grupos de apoyo a las familias de niños con necesidades especiales).

- Colaborar con ambas familias en situaciones de separación o divorcio de los padres.

L–3–2b

Estrategias para sobrellevar las cosas dirigidas a los padres de niños que presentan problemas

Estrategias psicológicas para sobrellevar las cosas

- Reconocer sus propios sentimientos, ansiedades, temores y deseos.
- Entender la magnitud de lo que piense que haya perdido.
- Permitir lamentarse plenamente.
- No temer a manifestar sus emociones.
- Superar todo sentimiento de culpa que tenga.
- Encontrar, al menos, una persona que lo apoye y que le brinde un sentido de esperanza.
- Hablar con su pareja, con otros niños y con las demás personas importantes de su vida.
- No dudar en conseguir asesoramiento profesional, si lo necesita.
- Ingresar en un grupo de apoyo a padres.
- Hallar un motivo para vivir: no vivir en el pasado.
- Vivir día a día.
- Aceptar la vida como es.
- Tener presente que el tiempo está de su parte: el tiempo sana las heridas.
- Darse cuenta de que no está solo(a).
- Apreciar lo que se tiene, permitir que los sentimientos positivos superen los negativos.
- Tener presente que el niño(a) viene primero, el problema viene después.

Estrategias cognitivas para sobrellevar las cosas

- Conseguir información sobre el problema de su hijo(a).
- Hablar con los médicos; solicitar información exacta.
- Hablar con un padre de un niño que presente el mismo problema.
- Leer libros sobre el tema correspondiente al problema de su hijo(a).
- Hacer preguntas como: "¿Qué significa_____?

Estrategias espirituales e inspiradoras para sobrellevar las cosas

- Hablar con un sacerdote, rabino o ministro.
- Leer oraciones.
- Leer la Biblia.
- Leer anécdotas y relatos que inspiren
- Orar o meditar.
- Pasar un rato de sosiego en un ambiente apacible, como en el bosque, junto a un lago, etc.

Estrategias físicas para sobrellevar las cosas

- Llorar.
- Reír.
- Hacer ejercicios.
- Comer de la mejor forma posible.
- Descansar lo suficiente.
- Dar caminatas largas.
- Separar tiempo para ocuparse de sí mismo.
- Llevar la rutina diaria de la forma más normal que se pueda.
- Dejar las cosas descansar por un rato: ser menos organizado y menos productivo.
- Escuchar música que le sirva de esparcimiento.

L–3–3 Source unknown.

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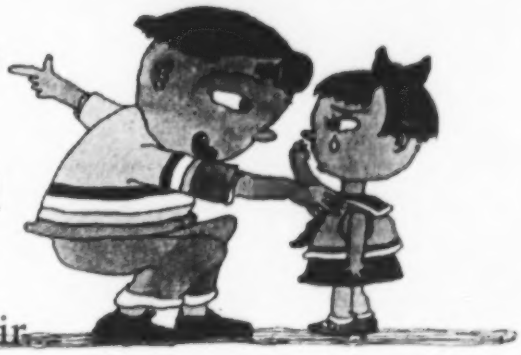
Preguntas que deben hacerse para ayudar a los hermanos de los niños que presentan problemas

Cambie la palabra "distinto" por otra palabra más adecu cuando haga las preguntas.

- ¿Te sientes triste en algún momento porque no eres "distinto" y tu hermano o hermana sí lo es?
- ¿Te sientes raro acerca de llevar amigos a tu casa porque podrían ver a tu hermano o hermana?
- ¿Evitas decirles a tus amigos que tienes un hermano o hermana que es "distinto(a)"?
- ¿Temes lastimar a tu hermano o hermana cuando juegas?
- ¿Sabes por qué tu hermano o hermana es como es?
- ¿Pasan tus padres más tiempo con tu hermano o hermana que contigo?
- ¿Piensas que te pierdes de ciertas cosas porque tu hermano o hermana necesita que lo cuiden más o porque se gastan más dinero en él o ella?
- ¿Qué le pasará a tu hermano o hermana de aquí a muchos años? ¿Te preguntas cómo te llegará a afectar eso?
- ¿Te has preguntado por qué tu hermano o hermana es "distinto(a)" y tú no?
- ¿Piensas que tener un hermano o hermana con necesidades especiales ha logrado que seas más comprensivo(a) y estés más consciente de los problemas de los demás?
- ¿Te sientes excluido en algún momento o celoso por la cantidad de tiempo y atención que tus padres tienen que dedicarle a tu hermano o hermana que es "distinto"?
- ¿Piensas que en algún momento tienes que portarte "mejor" que lo de costumbre o hacer algo fuera de lo común para conseguir la atención y aprobación de tus padres debido a que tus padres se ven obligados a pasar mucho tiempo con tu hermano o hermana?
- ¿Sientes presión en algún momento para tener más éxito porque tú sabes que tu hermano o hermana no podrá alcanzar las metas que tú puedes lograr?
- ¿Te molestas en algún momento por el tiempo que tienes que dedicas al cuidado de tu hermano o hermana cuando podrías hacer otra cosa?
- ¿Te obligan tus padres a incluir a tu hermano o hermana en lo que piensas hacer con tus amiguitos o amiguitas?

Nota: Adaptado de *Helping Your Child Handle Stress: The Parent's Guide to Recognizing and Solving Childhood Problems*, 1996, por K. Kensey. Washington, DC: Acropolis Books.

Señales de estrés en los niños



- Cambio de apetito o de los hábitos de alimentación
- Retroceso en los hábitos de ir al inodoro.
- Cambio de los hábitos de dormir
- Quejas de dolores de cabeza, dolores de estómago o cansancio
- Falta de controles emocional y físico, incluso enojo, tristeza, añoranza del pasado, miedo, ansiedad, retraimiento, fobias, compulsiones.
- Problemas en sobrellevar las cosas, incluso lloriqueos, dependencia de alguien, mayor necesidad de contacto físico, irritabilidad, falta de participación, distracciones, manipulaciones, falta de cooperación, agresión, autoculparse, autoacusarse.
- Intranquilidad, capacidad de distraerse fácilmente, temor al fracaso, ensueños, malas relaciones con los compañeros, comportamiento descontrolado.

Disminuir el estrés de los niños en ambientes en que se les dan clases y cuida

- Compaginar las actividades y expectativas con la capacidad e intereses del niño(a).
- Equilibrar los ratos de tranquilidad y actividad del horario diario.
- Ofrecerle a cada niño(a) oportunidades para que tenga libertad de decisión e iniciativa y para que vaya de un lado a otro libremente. Limitar las interrupciones.
- Elaborar un horario en que no se le apure al niño(a) ni tenga que esperar innecesariamente.
- Establecer las normas adecuadas de conducta.
- Tener tacto con las costumbres culturales adecuadas.
- ¡Permitir que los niños se DIVIERTAN!

Cómo reducir el estrés en mi ambiente de dar clases y cuidar a los niños

¿Qué tal nos va?

En mi centro, nosotros...

Sí	No	
_____	_____	1. Empleamos cortinas, aislamiento, alfombras y otros materiales que absorben el ruido para reducir el nivel de ruido.
_____	_____	2. Brindamos colores, telas y sonidos diversos e interesantes y ofrecemos actividades tanto para estimular a los niños como para evitar el aburrimiento.
_____	_____	3. Ofrecemos un ambiente cómodo, limpio y seguro para los niños.
_____	_____	4. Ordenamos los juguetes, muebles y equipos para que los niños sean más independientes.
_____	_____	5. Planificamos momentos de descanso y relajamiento todos los días. Permitimos que los niños de muy corta edad descansen cuando decidan hacerlo.
_____	_____	6. Creamos un rincón tranquilo adonde puede ir cualquier niño.
_____	_____	7. Empleamos de vez en cuando música suave o actividades de relajamiento.
_____	_____	8. Permitimos que los niños escojan sus propias actividades y grupos en la mayor medida posible.
_____	_____	9. Planificamos horarios flexibles para aquellos niños que necesitan o desean más tiempo para realizar una actividad.
_____	_____	10. Les ofrecemos habitualmente a los niños que comienzan a caminar y a los de edad pre-escolar meriendas y comidas y se las damos a los bebés cuando las piden.
_____	_____	11. Programamos sesiones de planificación para los profesores y niños donde se puedan expresar los problemas y las necesidades.
_____	_____	12. Tratamos de pasar ratos comunicándonos o jugando individualmente con cada niño(a) todos los días.
_____	_____	13. Brindamos cariño tocando, sonriendo y mirando a los ojos adecuadamente.
_____	_____	14. Manifestamos estima, respeto y aceptación personales positivas con respecto a todos los niños.
_____	_____	15. Tenemos a nuestra disposición medios o materiales aceptables para disminuir la tensión, como lo son la música, arcilla no tóxica para modelar, juegos con agua, instrumentos para pintar, juguetes para trabajar carpintería infantil, juguetes con martillos de madera y arena.
_____	_____	16. Programamos, por lo menos, media hora de actividades vigorosas todos los días.
_____	_____	17. Empleamos rutinas conocidas en que se respetan las diversas culturas de los niños.

Appendix D: Optional Six-Week Follow-Up Activity

The Six-Week Follow-Up Activity found in appendix D of each module is designed to help participants reflect on what they have learned and generalize it to their daily work with young children. Whether or not to request or require participants to complete the follow-up activity is the decision of each trainer and/or training agency.

If the instructor and training agency elect to require the follow-up activity, the instructor should explain the activity at the end of the module presentation and explain the criteria that will be used to evaluate the participants' work. It is important that participants know how to get any clarification they need and how they can return the completed activity to the instructor.

Three to four weeks after presenting the training module, the instructor should contact all participants to remind them to submit their Six-Week Follow-Up Activity. Appendix A includes a sample reminder notice.

The instructor should review and evaluate the quality of each participant's completed Six-Week Follow-Up Activity and return it to the participant with feedback. The instructor should prepare and give a certificate of completion (found in appendix A) to each participant whose performance meets the established criteria.

Note that a Spanish version of the Six-Week Follow-Up Activity is provided in this appendix immediately following the English version.

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Name _____
Date _____

*Complete **two** of the four activities on the following pages. Then mail your completed Six-Week Follow-up Activity to:*

Name _____
Address _____
_____
_____

Your Six-Week Follow-Up Activity is due at the above address by the following date: _____.

Activity A: Fact-Finding Sheet

Directions: Go back to your caregiving setting and choose two children you feel may be having some adjustment problem. Don't write down the child's real name, but give the child a made-up name you will remember. (If you have questions about confidentiality, talk to your instructor.) Look at each child's records. Complete a copy of this fact-finding sheet for each child.

Child's made-up name: _____

Child's lives with: (List) _____

_____

_____

_____

_____

If one or both of the parents are not in the home with the child, does the child see the parent(s)? If so, how often? _____

_____

Birth order of the child:

Only ❍ Oldest ❍ Middle ❍ Youngest ❍ Twin ❍

How does the child's birth order affect the child? _____

_____

What does the above information tell you about the child? _____

_____

_____

_____

How does this affect how you work with the child? _____

_____

_____

_____

Activity B: Book List

Directions: Over the next six weeks, collect 10 to 15 books (from a library or bookstore) that can be used in the early education and care center to expose children to the variety of family structures and situations (such as single-parent families, blended families, children being raised by grandparents). Be sure the books are age-appropriate and factual. List the books below. Read at least one of the books to a group of children you work with and describe your reactions and the children's reactions to the book.

	Title of Book	Author
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____

Title of book you read to the children: _____

Describe your reactions to the book: _____

_____

Describe the children's reactions to the book: _____

_____

_____

Will you use the book again? Why or why not? _____

_____

_____

Activity C: Sources of Books

Directions: List below at least four sources of books that might help parents who have children with disabilities or parents who are dealing with common family problems. Fill in the information about your local public library to start the list. If funds are available, start a parent library at your caregiving center. Write a short description of at least three of the books in your parent library and attach it to this page. (If you have a center newsletter, these descriptions might be used in it to let parents know about the books. Displaying the books at the entry of your center may also encourage parents to use them.)

1. List at least three sources of books for parents:

Name of organization or agency: Public library
Address: _____
Phone number: _____
Website or e-mail address: _____

Name of organization or agency: _____
Address: _____
Phone number: _____
Website or e-mail address: _____

Name of organization or agency: _____
Address: _____
Phone number: _____
Website or e-mail address: _____

Name of organization or agency: _____
Address: _____
Phone number: _____
Website or e-mail address: _____

2. We have started at parent library at our center. It includes these books:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

3. I have written a brief description of three of the books on a separate piece of paper that I have attached.

Activity D: Creating a Less Stressful Classroom

Directions: List things you have done to create a less stressful environment in your classroom. Include as many of the environmental factors that were listed in the hour 3 presentation as possible. Include a copy of your daily schedule and note where provisions are made for creating a healthy, stress-free environment. Report on the changes using the worksheet below.

I have done the following things to reduce stress in my classroom:

Actividad de Seguimiento Después de Seis Semanas

Grow to 5
Modulo L

Nombre _____
Fecha _____

Realice ***dos*** *de las cuatro actividades que aparecen en las páginas siguientes. Y después envíe por correo la Actividad Después de Seis Semanas a:*

Nombre _____

Dirección _____

_____

_____

Esta Actividad Después de Seis Semanas deberá ser enviada a la dirección anterior a más tardar para la fecha siguiente: _____.

Actividad A: Hoja de investigación

Instrucciones: Regrese al entorno de cuidado infantil y escoja a dos niños que estime que presentan problemas de ajuste. No anote el nombre verdadero del niño(a), sino que llame al niño por un nombre inventado del que se acuerde. (Si tiene dudas acerca de la confidencialidad, hable con su instructor). Examine el historial de cada niño. Rellene una copia de esta hoja de investigación por cada niño.

Nombre inventado del niño(a): _____

El (La) niño(a) vive con: (indique las personas): _____

_____

_____

_____

_____

Cuando uno o ninguno de los padres está en la casa con el (la) niño(a), ¿ve el (la) niño(a) al padre, a la madre o a sus padres? Si lo ve o los ve, ¿con qué frecuencia lo hace? _____

_____

Orden en que nació el niño(a):

Hijo(a) único(a) ○ El mayor ○ El mediano ○ El más joven ○ Gemelo ○

¿De qué forma el orden en que nació el (la) niño(a) lo (la) afecta? _____

_____

¿Qué le dice acerca del niño(a) la información que aparece anteriormente? __

_____

_____

_____

¿De qué forma afecta esto la forma en que usted se desenvuelve con el (la) niño(a)? _____

_____

_____

_____

Actividad B: Lista de libros

Instrucciones: A lo largo de las próximas seis semanas, recopile de 10 a 15 libros (en una biblioteca o librería) que se puedan aprovechar en el centro de educación y cuidado de niños de la primera infancia para que los niños tengan contacto con diversas estructuras y situaciones familiares (como las familias donde sólo hay un padre o una madre, las familias mezcladas, las familias en que los abuelos crían a los nietos). Asegúrese de que los libros sirvan para la edad correspondiente y sean objetivos. Indique los libros más abajo. Lea al menos uno de los libros a un grupo de niños con que se desenvuelva y describa sus reacciones y las de los niños con respecto al libro.

	Título del libro	**Autor**
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____

Título del libro que les leyó a los niños: _____

Describa sus reacciones con respecto al libro: _____

_____

Describa las reacciones de los niños con respecto al libro: _____

_____

_____

¿Emplearía el libro de nuevo? ¿Por que sí o por qué no? _____

_____

_____

Actividad C: Fuentes de los libros

Instrucciones: Indique a continuación al menos cuatro fuentes de libros que puedan serles útiles a los padres que tienen hijos con problemas o padres que se ocupan de problemas familiares que se presentan comúnmente. Rellene los espacios en blanco indicando la información sobre la biblioteca pública de la localidad para comenzar la lista. Si hay fondos disponibles, comience una biblioteca para los padres en su centro de cuidado infantil. Escriba una descripción breve de, por lo menos, tres de los libros de su biblioteca para los padres y anéxela a esta página. (Si hay un boletín del centro, estas descripciones podrían aparecer en él para que los padres se enteren de los libros. Exhibir los libros a la entrada del centro también puede fomentar que los padres los aprovechen).

1. Indique, por lo menos, tres fuentes de libros para los padres:

Nombre de la entidad u organismo: Biblioteca pública
Dirección: _____
Número telefónico: _____
Sitio WEB o dirección de e-mail: _____

Nombre de la entidad u organismo: _____
Dirección: _____
Número telefónico: _____
Sitio WEB o dirección de e-mail: _____

Nombre de la entidad u organismo: _____
Dirección: _____
Número telefónico: _____
Sitio WEB o dirección de e-mail: _____

Nombre de la entidad u organismo: _____
Dirección: _____
Número telefónico: _____
Sitio WEB o dirección de e-mail: _____

2. Hemos comenzado una biblioteca para los padres en nuestro centro. Tiene los libros indicados a continuación:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

3. Escribí una descripción breve de tres de los libros en una hoja de papel aparte que se encuentra anexa.

Actividad D: Cómo crear un aula con menos estrés

Instrucciones: Indique las cosas que ha hecho para crear un ambiente con menos estrés en su aula. Incluya la mayor cantidad de factores ambientales indicados en la presentación de la hora 3. Incluya una copia de su horario cotidiano y señale dónde se han tomado las medidas para crear un ambiente saludable y carente de estrés. Dé a conocer los cambios empleando la hoja de trabajo que aparece seguidamente.

He hecho lo siguiente para reducir el estrés de mi aula:

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